

## CHICO UNIFIED SCHOOL DISTRICT 2019-2020 SCHOOL YEAR LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAM FOR FREE AND REDUCED-PRICE MEALS

Dear Parent or Guardian:

The Chico Unified School District takes part in the National School Lunch and School Breakfast Programs. Meals are served every school day at all CUSD schools. Students may **buy lunch for \$2.80 (elementary) or \$2.95 (secondary), and/or breakfast for \$1.50 (elementary) or \$1.75 (secondary).** Free and Reduced-Price eligible students receive meals at no charge. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.

### ONLY ONE APPLICATION IS REQUIRED FOR ALL CHILDREN IN THE HOUSEHOLD

**TERMS**—“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, utility bills, etc.

**SOCIAL SECURITY NUMBER (SSN)**—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the “I do not have a SSN box.” If you have listed a CalFresh, TANF, Kin-GAP, or FDIPIR case number for the child, or if the Application is for a foster child, a SSN is **not** required of the adult signing the Application.

**CATEGORICAL ELIGIBILITY** for free meals is extended to all children in a household when the application lists an Assistance Program’s case number for any household member. Any member who is currently certified to receive Assistance Program benefits may submit an application for the children in the household.

**DIRECT CERTIFICATION**—This school/agency participates in Direct Certification. If your household currently receives benefits from one of the following programs: CalFresh (previously Food Stamps), Temporary Assistance Need for Families (TANF), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR), school officials will notify you of your children’s eligibility for free meals. If you are notified that your children have qualified for free meals you do not need to fill out an application. If you are not contacted by August 1, 2019 please complete an application.

**MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN**—To apply complete the Application for Free and Reduced-Price Meals, sign it, and return it to the Nutrition Services Office. Households must complete an Application for EACH child who does not have a case number or/and is not a foster child.

**FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE**— who are the legal responsibility of a welfare agency or court. Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as a household member, which may help the foster family’s non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster’s income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN.

**MILITARY HOUSING INCOME**—If you are in the *Military Housing Privatization Initiative* or get combat pay, DO NOT include these allowances as income. You do report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member’s income made available by them or on their behalf to the household.

**INCOME HOUSEHOLDS**—To apply for free or reduced-price meals, complete the Application for Free and Reduced-Price Meals. Follow the instructions provided on the application, sign it, and return it directly to the Nutrition Services Office.

**HOMELESS, RUNAWAY, & MIGRANT**—Contact the school for details.

**MEALS FOR DISABLED**—If you believe your child needs a food substitute or texture modification because of a disability, please contact the Nutrition Services Office. 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 meal.

**WIC PARTICIPANTS**—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child **may** be eligible for free/reduced-price meals. We encourage you to complete an Application and return it for processing.

**APPLYING FOR BENEFITS**—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible for CalFresh, TANF, Kin-GAP, or FDIPIR benefits, you may submit an Application at that time.

**INCOME FOR THE SELF-EMPLOYED**—self-employed persons may use last year’s income as a basis to project their current year’s NET income, unless your current net income provides a more accurate measure. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

**CALCULATING INCOME**—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

**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 validate your income, or current eligibility for CalFresh, TANF, Kin-GAP, or FDIPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

**MEAL CHARGING POLICY**—The district’s Meal Charging Policy is available to read on the CUSD district website. Go to: <http://www.chicousd.org/Departments/Business-Services/Nutrition-Services/index.html>

**DO YOU NEED ASSISTANCE COMPLETING THE APPLICATION OR  
HAVE QUESTIONS? PLEASE CALL 530-891-3000 x20702.**

**MAIL OR DROP OFF APPLICATIONS AT:  
2455 CARMICHAEL DR. CHICO, CA 95928**

**YOU WILL BE NOTIFIED BY POSTAL MAIL OR EMAIL WHEN YOUR  
APPLICATION HAS BEEN APPROVED OR DENIED.**

### Income Eligibility Guidelines for July 1, 2019 to June 30, 2020

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 23,107	\$ 1,926	\$ 903	\$ 889	\$ 445
2	\$ 31,284	\$ 2,607	\$ 1,304	\$ 1,204	\$ 602
3	\$ 39,461	\$ 3,289	\$ 1,645	\$ 1,518	\$ 759
4	\$ 47,638	\$ 3,970	\$ 1,985	\$ 1,833	\$ 917
5	\$ 55,815	\$ 4,652	\$ 2,326	\$ 2,147	\$ 1,074
6	\$ 63,992	\$ 5,333	\$ 2,667	\$ 2,462	\$ 1,231
7	\$ 72,169	\$ 6,015	\$ 3,008	\$ 2,776	\$ 1,388
8	\$ 80,346	\$ 6,699	\$ 3,348	\$ 3,091	\$ 1,546
For each additional family member, add:	\$ 8,177	\$ 682	\$ 341	\$ 315	\$ 158

**INFORMATION STATEMENT**—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, TANF, KinGAP, or FDIPIR case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the Application does not have a SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

**OVERT IDENTIFICATION**—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

**FAIR HEARING**—If you do not agree with the school’s decision regarding your Application’s eligibility determination or the result of verification, you may discuss it with the Nutrition Services Director. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: John Bohannon, 530-891-3000, 1163 E. Seventh Street, Chico, CA 95928.

**NON-DISCRIMINATION STATEMENT**—This explains what to do if you believe you have been treated unfairly. 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, religious creed, disability, age, political beliefs, 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](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Vince Enserro, Director of Nutrition Services