California Department of Education

Nonpricing Letter to Household (REV. 02/2017)



Dear Parent/Guardian:

**Seneca Family of Agencies** participates in the National School Lunch Program and the School Breakfast Program by offering healthy meals every school day. At **all** Seneca nonpublic schools, healthy lunches and/or breakfasts are served **at no charge** to each child every school day. The meal programs that we provide are supported by federal and state reimbursements that are based on household income and eligibility. We are able to serve meals at no charge solely because households continue to submit meal applications. Your cooperation is appreciated.

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 fromCalFresh, 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, 2021–June 30, 2022

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reduced-Price Eligibility Scale** | | | | | |  | **Free Eligibility Scale** | | | | | |
| **Household Size** | **Year** | **Month** | **Twice Per Month** | **Every Two Weeks** | **Week** |  | **Household Size** | **Year** | **Month** | **Twice Per Month** | **Every Two Weeks** | **Week** |
| **1** | $23,828 | $1,986 | $993 | $ 917 | $ 459 |  | **1** | $ 16,744 | $ 1,396 | $ 698 | $ 644 | $ 322 |
| **2** | $32,227 | $2,686 | $1,343 | $1,240 | $620 |  | **2** | $ 22,646 | $ 1,888 | $ 944 | $ 871 | $ 436 |
| **3** | $40,626 | $3,386 | $1,693 | $1,563 | $782 |  | **3** | $ 28,548 | $ 2,379 | $ 1,190 | $ 1,098 | $ 549 |
| **4** | $49,025 | $4,086 | $2,043 | $1,886 | $943 |  | **4** | $ 34,450 | $ 2,871 | $ 1,436 | $ 1,325 | $ 663 |
| **5** | $57,424 | $4,786 | $2,393 | $2,209 | $ 1,105 |  | **5** | $ 40,352 | $ 3,363 | $ 1,682 | $ 1,552 | $ 776 |
| **6** | $65,823 | $5,486 | $2,743 | $2,532 | $ 1,266 |  | **6** | $ 46,254 | $ 3,855 | $ 1,928 | $ 1,779 | $ 890 |
| **7** | $74,222 | $6,186 | $3,093 | $2,855 | $1,428 |  | **7** | $ 52,156 | $ 4,347 | $ 2,174 | $ 2,006 | $ 1,003 |
| **8** | $82,621 | $6,886 | $3,443 | $3,178 | $ 1,589 |  | **8** | $ 58,058 | $ 4,839 | $ 2,420 | $ 2,233 | $ 1,117 |
| For each additional family member, add: | | | | | |  | For each additional family member, add: | | | | | |
|  | $8,399 | $ 700 | $ 350 | $ 324 | $ 162 |  |  | $ 5,902 | $ 492 | $ 246 | $ 227 | $ 114 |

1. **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 **Jenelle Wagoner, (510) 421-5291**

1. **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 your child’s school or mail it to **Jenelle Wagoner, 8945 Golf Links Road, Oakland, CA 94605.**

1. **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 contact **Jenelle Wagoner, (510) 421-5291.**

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

**Yes**, 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 unless the school told you that your child is eligible for the new school year.

1. **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.

1. **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 FDPIR.

1. **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.

1. **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: **Jenelle Wagoner, (510) 421-4291, 8945 Golf Links Road, Oakland, CA 94605.**

1. **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.

1. **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.

1. **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.

1. **We are in the military. do we REPORT OUR INCOME DIFFERENTLY?**

Your basic pay and cash bonuses must be reported as income. Ifyou 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.

1. **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 **Jenelle Wagoner, (510) 421-5291** to receive a second application.

1. **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 me at **(510) 421-5291.**

Sincerely,

**Jenelle Wagoner**

**Education Quality Manager**

**Seneca Family of Agencies**

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: 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 Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or

(3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

# How to apply for

# free and reduced-price meals

Please use these instructions to help you fill out the Application for Free and Reduced-Price Meals. You only need to submit one application per household, even if your children attend more than one school in **Seneca Family of Agencies.** The application must be filled out completely to certify your children for free or reduced-price meals.

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Jenelle Wagoner at (510) 421-5291.**

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

**PART 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

* Children age 18 or under and are supported with the household’s income
* In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start
* Children receiving Kin-GAP benefits

1. List each child’s name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all the required information for the additional children.
2. List each child’s school. This will help us identify which student(s) are enrolled at one of our Seneca schools.
3. Do you have any foster children?If any children listed are foster children, check the “Foster Child” box next to the child’s name. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete PART 1 and then skip to PART 5 on the application and follow the instructions from PART 5.
4. Are any children homeless, migrant, runaway, or in Head Start? If you believe any child listed in this section may meet this description, please check the “Homeless, Migrant, Runaway, Head Start” box next to the child’s name and complete all steps of the application.

**PART 2: Do ANY HOUSEHOLD MEMBERS (INCLUDING youRSELF) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS?**

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

* CalFresh
* California Work Opportunity and Responsibility to Kids (CalWORKs)
* The Food Distribution Program on Indian Reservations (FDPIR)

1. IF YES:

* Check the applicable program box
* Enter your/your family member’s name and case number. You must provide an acceptable case number on your application. If you participate in one of these programs and do not know your case number, contact your local agency.
* Skip to PART 5

1. IF NO:

* Leave PART 2 blank
* Skip to PART 3 on the application and follow the instructions from PART 3

**PART 3: REPORT INCOME FOR ALL Children**

1. Report all income earned by children. Refer to the chart below titled “Sources of Income for Children” in these instructions and report the combined gross income for ALL children listed in STEP 1 in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

|  |  |
| --- | --- |
| **Sources of Income for Children** | |
| **Sources of Child Income** | **Example(s)** |
| Earnings from work | A child has a job where they earn a salary or wages. |
| Social Security  Disability payments  Survivor’s benefits | A child is blind or disabled and receives Social Security 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 regularly gives a child spending money. |
| Income from any other source | A child receives income from a private pension fund, annuity, or trust. |

|  |
| --- |
| **PART 4: REPORT INCOME FOR ALL adult HOUSEHOLD MEMBERS** |

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

* Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do **not** include people who:

* Live with you, but are not supported by your household’s income **and** do not contribute income to your household.
* Children and students already listed in STEP 1

**FOR EACH TYPE OF INCOME:**

How do I fill in the income amount and source?

* Use the charts in this section to determine if your household has income to report.
* Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
  + Gross income is the total income received before taxes or deductions.
  + Many people think of income as the amount they “take home” and not the total “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
* Write a “0” in any income fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials possess or have access to information that your household income was reported incorrectly, your application will be verified for cause.
* Include how often each type of income is received i.e. weekly, every other week, monthly, etc.

1. List adult household member’s name. Print the name of each adult household member. Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in PART 3, section A.
2. Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

1. Report income from public assistance/child support/alimony. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal, but regular payments should be reported as “other” income in the next part.
2. Report income from pensions/retirement/all other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

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

PART 5: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please make sure you have read the privacy and civil rights statements.

1. Sign and print your name.
2. Write today’s date.
3. Provide your contact information. Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number is optional, but helps us reach you quickly if we need to contact you.
4. Provide the last four digits of your Social Security number. The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members has a SSN, leave this space blank and check the box to the right labeled “I do not have a Social Security Number.”

PART 6: Children’s racial and ethnic identities (optional)

1. Share children’s racial and ethnic identities (optional).This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.