

LEADERSHIP PUBLIC SCHOOLS

Pricing Letter - Meals

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL BREAKFAST PROGRAM FOR 2010-2011 SCHOOL YEAR

Dear Parent or Guardian:

The Leadership Public Schools School District/Agency takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day. Students may buy lunch for \$3.50 and/or breakfast for \$2.25. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.30 for breakfast. Students may buy milk for \$.50.

- If you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free meals.
- If your total household income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. 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, and utility bills.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

HOW TO APPLY

Complete and sign the attached **Application for Free and Reduced-Price Meals or Free Milk**, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number

An application must be completed, with all household members and incomes listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

*A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

INCOME ELIGIBILITY GUIDELINES

July 1, 2009 - June 30, 2010

Household Size	Income Guidelines				
	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

For each additional family member, add:

\$ 6,919 \$ 577 \$ 289 \$ 267 \$ 134

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
 To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

CURRENT INCOME—The amount of income each household member received **last month**, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME TO REPORT			
EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) — Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program **or** the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

SOCIAL SECURITY NUMBER — The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a Social Security number is **not** required.

APPLYING FOR BENEFITS — You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

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 prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

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

WIC PARTICIPANTS — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child **may** be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION — Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

FAIR HEARING — If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

Soo Zee Park
Leadership Public Schools
344 Thomas L. Berkley Way, Suite 340
Oakland, CA 94612
PH: 510.830.3780, ext. 225

CONFIDENTIALITY — Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact the school manager in the front office of your student's school.

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

SECTION A: Student/Child Information: Provide information for all students/children in your household, whether or not they attend school.

Last Name	First Name	School Name	Case Number	Benefit Name (Food Stamp, CalWORKs, Kin-GAP, or FDPIR)	Student/Child's Gross Income, if any. (Include how much and how often)
(Example) Taylor	Sandra	ABC School			\$ 253.32 / annually
1					\$ / /
2					\$ / /
3					\$ / /
4					\$ / /
5					\$ / /

If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for EACH child in Section A, skip Section B, go to Section C.

If the child you are applying for is homeless, migrant, or a runaway, check appropriate box and contact the school: Homeless Migrant Runaway

If this application is for a child who is the legal responsibility of a welfare agency (foster child) or court, enter their personal-use income and skip to Section D.
 Foster Child Full Name _____ Foster Child's School Name _____ Foster Child's Personal-use Income \$ _____ weekly/ monthly/ annual (circle one)

SECTION B: Adult Household Members and Gross Income: List all adult household members, regardless of whether or not they have income.

Adult's Full Name	Check box if no income	GROSS Earnings From Work (Before Deductions) Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony, Payments, Adoption Assistance, SSI	Any Other Income	Total Gross Income <i>You must include how much and how often</i>
(Example) Loretta Taylor	<input type="checkbox"/>	\$ 769.22 / every other week	\$ 0.00	\$ 350.72 / monthly	\$ 0.00	\$ 1120.92 /
1	<input type="checkbox"/>	\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
2	<input type="checkbox"/>	\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
3	<input type="checkbox"/>	\$ / /	\$ / /	\$ / /	\$ / /	\$ / /
4	<input type="checkbox"/>	\$ / /	\$ / /	\$ / /	\$ / /	\$ / /

Enter Total Household members (Section A + Section B) _____

SECTION C: Children's Racial and Ethnic Identities (Optional)

1. Choose one or more (regardless of ethnicity): Asian White American Indian/ Alaska Native Black/African-American Native Hawaiian/Other Pacific Islander
2. Choose one ethnic identity: Hispanic/ Latino Not Hispanic/ Latino

SECTION D: All households read and complete this section

I certify (promise) that the above information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

PRINT Name of adult completing this form _____ Date _____ Adult Social Security Number (SSN) _____ I do not have a SSN. Telephone Number _____

SIGNATURE of adult completing this form _____ Mailing Address _____ City _____ Zip Code _____

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 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. Privacy Act 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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.

This institution is an Equal Opportunity Provider.

OFFICE USE ONLY - ELIGIBILITY DETERMINATION

<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free w/ FS, CalWORKs, Kin-GAP, or FDPIR	Direct Certified as: H M R <input type="checkbox"/> EP	YR Track
<input type="checkbox"/> Temporary Free; Expiration Date / / (expires 45 days from this date)	HSGLD Size: _____	HSGLD Annual Income: \$ _____
Determining Official _____ Date _____	2 nd Review Official _____ Date _____	Verification Official _____ Date _____

Annual Income conversion: Multiply weekly x 52; Every two weeks x 26; twice monthly x 24; Monthly x 12. Do not round. Compare this result to the income eligibility guidelines.