



Twain Harte School District
District Office Located at: 22974 Twain Harte Drive, Room 21
Mailing: 18815 Manzanita Drive, Twain Harte, CA 95383
Phone: (209) 586-3772 Fax: (209) 586-9938
Gabe Wingo, Superintendent/Principal

Dear Parent/Guardian:

We believe children need healthy meals to learn. Twain Harte School District takes part in the National Lunch Program and/or School Breakfast Program by offering healthy meals every school day. **Your children may qualify for free or reduced price meals.** Students may buy lunch for \$3.00 and breakfast for \$1.75. Eligible students may receive the reduced price rate of lunch for \$.40 and breakfast for \$.30. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from CalFresh, CalWORKS, FDPIR, or Kin-GAP are eligible for free meals.
 - Foster children that are 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, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on 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 the attached charts. Please see the attached charts for Free & Reduced Eligibility Price Scales.
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 haven't been told your children will get free meals, please call Derek Krieger, Twain Harte School Cafeteria Coordinator.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application 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: Twain Harte School Cafeteria located at 18815 Manzanita Drive, Twain Harte.
4. SHOULD I FILL OUT 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 you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Derek Krieger, Twain Harte School Cafeteria Coordinator immediately.
5. 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 that school year and for the first few days of this school year. You must send in a new application 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 GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become 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 ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:
Twain Harte School District Superintendent, 18815 Manzanita Drive, Twain Harte, CA 95383. (209) 586-3772
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 \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. 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 ISN'T 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 Derek Krieger, Cafeteria Coordinator, to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for CalFresh or other assistance benefits, contact your local assistance office or call 1-877-847-3663.

If you have other questions or need help, please call Derek Krieger, Cafeteria Coordinator
Twain Harte School District, 18815 Manzanita Drive, Twain Harte, CA 95383. (209) 586-5771

Sincerely,

Gabe Wingo
Superintendent/Principal
Twain Harte School District

School Year 2021-22 Twain Harte 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, separate serving lines, 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 EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams | Enter school name and grade level Lincoln Elementary | Enter student's birthdate 12-15-2010 | Check the applicable box if the student is foster, homeless, migrant, or runaway. | | |
| | | | Foster | Homeless | Migrant |
| | | | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:
 CalFresh CalWORKS FDIPIR

Enter Case Number:

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How 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 household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

| Print the name of ALL OTHER Household Members (First and Last) | Earnings from Work | How Often | | Public Assistance/SSI/ Child Support/Alimony | Pensions/Retirement/ All Other Income | How Often |
|---|--------------------|-----------|-----------|---|--|-----------|
| | | How Often | How Often | | | |
| | \$ | | | \$ | | |
| | \$ | | | \$ | | |
| | \$ | | | \$ | | |
| | \$ | | | \$ | | |

C. Total Household Members (Children and Adults) D. 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

DO NOT COMPLETE. SCHOOL USE ONLY

| | |
|---|--|
| 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 |
| Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Total Household Size <input type="text"/> 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: |

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 application:

Print Name:

Date: Phone Number:

Mailing Address:

City: State: Zip:

E-mail:

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.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
- Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

The Twain Harte School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.10 and breakfast for \$1.75. Eligible students may receive meals free of charge or at the reduced-price rate of \$.40 for lunch and \$.30 for breakfast. You or your children do not have to be United States citizens to qualify for free or reduced-price 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

QUALIFICATION: Table

Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

| Household Size | Year | Month | Twice Per Month | Every Two Weeks | Week |
|---------------------------------------|----------|---------|-----------------|-----------------|---------|
| 1 | \$23,828 | \$1,966 | \$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 |

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, AND 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 209-586-5771.

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 nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster 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 to the following: Superintendent Wingo at 18815 Manzanita Drive, Twain Harte, CA 95383 or call 209-586-3772.

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 a reminder or expired eligibility notices.

NONDISCRIMINATION 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, audiotope, 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.aphis.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 the 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

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.

- STUDENT INFORMATION**—Include all students who attend Twain Harte School District. Print 4. **CONTACT INFORMATION AND 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 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 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 an SSN by selecting the checkbox. 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.
- 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.
- 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 nonfoster 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.

QUESTIONS OR ASSISTANCE: Please contact Derek Krieger at 209-586-5771.

SUBMIT: Please submit a complete application to your child's school. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Derek Krieger
Cafeteria Coordinator
Twain Harte School District