

**LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM  
FOR 2008 - 2009 SCHOOL YEAR**

Dear Parent or Guardian:

The Los Altos School District takes part in the National School Lunch Program. Meals are served every school day. Students may buy lunch for **\$4.75**. Eligible students may receive meals free or at a reduced price of **\$.40**.

- 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."

**INCOME ELIGIBILITY GUIDELINES  
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, 2008 - June 30, 2009

Household Size	Year	Twice Per		Every Two	
		Month	Month	Weeks	Week
1*	\$19,240	\$1,604	\$802	\$740	\$370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267

For each additional family member, add:

\$ 6,660    \$ 555    \$ 278    \$ 257    \$ 129

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.

<b>INCOME TO REPORT</b>			
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<b>EARNINGS FROM WORK</b>	<b>WELFARE CHILD SUPPORT ALIMONY</b>	<b>PENSIONS RETIREMENT SOCIAL SECURITY</b>	<b>OTHER INCOME</b>
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:

**Tim Justus**  
**201 Covington Road**  
**Los Altos, CA 94024**  
**(650)947-1150**

**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:

**Kris Swenson**  
**201 Covington Road**  
**Los Altos, CA 94024**  
**(650)947-1156**

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

Sincerely,  
*Kris Swenson*  
**School Lunch Coordinator**

**LOS ALTOS SCHOOL DISTRICT**201 Covington Road  
Los Altos, CA 94024**Business Services**650-947-1150  
FAX 650-947-0118**NATIONAL SCHOOL LUNCH PROGRAM  
2008-2009**

The Los Altos School District takes part in the National School Lunch Program. Students may buy lunch for \$4.75 each school day on a monthly basis according to the schedule below. (\$4.75 is what the Mountain View School District central kitchen charges our school district per lunch per day.)

			<u>Lunches</u> Full Price	<u>Lunches</u> Reduced Price
September	2-30	21 days	\$ 99.75	\$ 8.40
October	1-31	23 days	109.25	9.20
November	3-21	13 days	61.75	5.20
December	1-19	15 days	71.25	6.00
January	5-30	18 days	85.50	7.20
February	2-27	15 days	71.25	6.00
March	2-31	22 days	104.50	8.80
April	1-30	17 days	80.75	6.80
May	1-29	20 days	95.00	8.00
June	1-10	08 days	38.00	3.20

If you wish to purchase lunches for your student(s), please mail a check for September lunches by the 29<sup>th</sup> of August. **All monthly checks for the rest of the school year should be in the District Office before the 25<sup>th</sup> of each month** and made payable to the Los Altos School District, 201 Covington Road, Los Altos, CA 94024. If you wish to cancel the school lunches you must call Kris Swenson in Accounts Payable, at the District Office (650-947-1156).

**Please be sure to indicate your child's name and school on the check.**

Information on reduced or free lunches and instructions are included in your Back to School packet.

We will not be able to accommodate special requests that vary from the above program. We are only able to accept checks for the amount and time periods above.

All lunches will be a balanced meal that will contain a least one-third of the daily nutritional requirements as established by the federal government for this age group. The cold bag lunch will contain at least two ounces of protein, bread, two servings of fruits and/or vegetables, dessert, and milk.

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.

**LOS ALTOS SCHOOL DISTRICT  
APPLICATION FOR FREE AND REDUCED-PRICE MEALS:  
YEAR 2008-2009**

Please complete, sign, and return this application to the school. For additional instructions refer to the Letter to Households that is attached to this form.

**SECTION A. HOUSEHOLDS RECEIVING Food Stamps, CalWORKs, Kin-GAP, and/or FDIPIR benefits:**

1. List your children that receive the above mentioned benefits and their case number(s):

LAST NAME	FIRST NAME	SCHOOL / GRADE	CASE NUMBER
		/	
		/	
		/	
		/	

2. If you do **not** receive Food Stamp, CalWORKs, Kin-GAP, or FDIPIR benefits for each child in your household, go to Section B. **Otherwise, sign the application in SECTION C.**

**Foster Child:** In some cases, foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for such meals or milk for them, please contact your school's food administrator.

**SECTION B. HOUSEHOLDS NOT RECEIVING Food Stamps, CalWORKs, Kin-GAP, or FDIPIR:**

1. Is this application for a Foster Child? Yes  No   
If Yes, write the child's name and personal income, then date and sign the application.

Child's Name \_\_\_\_\_ Income \$ \_\_\_\_\_

2. List the names of the school children in your household who **do not** receive Food Stamps, CalWORKs, Kin-GAP, or FDIPIR benefits.

LAST NAME	FIRST NAME	SCHOOL / GRADE	INCOME
		/	
		/	
		/	
		/	

3. List the names of other children in the household that are **not** in school:

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

**SECTION C. ADULT HOUSEHOLD MEMBERS:** List all adult household members, regardless of income. Indicate amount and source of monthly income each household member received last month. If amount(s) last month were more or less than usual, enter the usual monthly income. Do not complete this section if a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number is provided for each child listed in Section A.

	LAST NAME	FIRST NAME	GROSS EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS		
				ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY TOTAL MONTHLY INCOME
1.			\$ _____	\$ _____	\$ _____
2.			\$ _____	\$ _____	\$ _____
3.			\$ _____	\$ _____	\$ _____
4.			\$ _____	\$ _____	\$ _____

*This Institution is an Equal Opportunity Provider*

<b>FOR SCHOOL USE ONLY - Eligibility Determination</b>		Year Track:
HOUSEHOLD SIZE:	HOUSEHOLD INCOME:	2 <sup>nd</sup> Review:
Free	Reduced-Price	Denied
Temporary Free Until (45 calendar days from date of determination):		Direct Certified as: H M R EP <input type="checkbox"/>
Determining Official:	Date:	Followup:
Verification Official:	Date:	

**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 overly 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:** National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a Social Security number is not mandatory, but the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

*I certify that all of the 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 of the information may subject me to prosecution under applicable state and federal laws.*

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)
<input checked="" type="checkbox"/>	
PRINT NAME OF ADULT SIGNING THIS APPLICATION	DATE
MAILING ADDRESS	
CITY	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE

**SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):**

1. Mark one or more racial identities:

American Indian or Alaska Native  Black or African American  Asian  Native Hawaiian or Other Pacific Islander  White

2. Mark one ethnic identity:  Of Hispanic or Latino Origin  Not of Hispanic or Latino Origin