

Code:		DO NOT COMPLETE. FOR SCHOOL USE ONLY												VERIFICATION				
Application #		Check all that apply:						Check if any students at CEP Sites:						1st Attempt	2nd Attempt	3rd Attempt		
1	4	Free	Reduced	Paid	DC	F, H, M, R	Error Prone	FL	HP	LC	LH	Ruth	BFCDS	MHS				
2	5																	
3	6	Determining Official Signature:		Mosaic Software		Date:		Confirming Official Signature:						Date:				

2020-21 Application for Free and Reduced-Price Meals An application is not required if you were notified that all of your children were directly certified.

STEP 1 – CHILDREN'S INFORMATION Provide information for ALL of your children in your household. Complete only ONE application per household. **STEP 2 – ASSISTANCE PROGRAMS**

Print the name of EACH CHILD (First Name, Middle Initial, Last Name) EXAMPLE: Joseph P Adams	Enter school name and grade level EXAMPLE: Lincoln Elementary 1st	Child's birthdate EXAMPLE: 1/20/13	Child's Monthly Income (If any)	Check if the Child is:				Does ANYONE in household receive any benefits from the following programs? If YES, you MUST check the applicable program box and enter ONE case number. Skip STEP 3 and continue to STEP 4.
				Foster	Homeless	Migrant	Runaway	
1								Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKS <input type="checkbox"/> FDIPIR Enter Case Number:
2								
3								
4								
5								
6								

STEP 3 – REPORT INCOME FOR ADULT HOUSEHOLD MEMBERS: List ALL household members that were not listed in STEP 1.
If anyone has no income, write "Zero". If you leave any fields blank, you are certifying (promising) there is no income to report.

On-Line Application is available at
www.LUSD.org

Full Name of ALL Adults Living in Household*	Earnings from Work (Before Deductions)				Public Assistance, Alimony, Child Support				Pensions, Retirement, Disability, Other Income							
	Amount	How Often?			Amount	How Often?			Amount	How Often?						
Weekly		Every 2 weeks	2x / Month	Monthly		Annually	Weekly	Every 2 weeks		2x / Month	Monthly	Annually	Weekly	Every 2 weeks	2x / Month	Monthly
	\$					\$					\$					
	\$					\$					\$					
	\$					\$					\$					
	\$					\$					\$					
	\$					\$					\$					

Optional – Children's Ethnicity & Race	
We are required to ask for information about your children's ethnicity and race. 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-priced meals.	
Ethnicity Check ONE	Race Check one or more
Hispanic / Latino	American Indian
	Asian
Not Hispanic / Latino	Black / African American
	Native Hawaiian / Other Pacific Islander
	White

Total Household Members: (Children & Adults) Last four digits of Social Security Number (SSN): Check box if no SSN ☐

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 form:		Print Name:		Today's Date:		Telephone:	
Address:							
City:		State:		Zip Code:		Email:	

Dear Parent or Guardian:

Lompoc Unified School District participates in the National School Meal Programs by offering nutritious meals every school day. CEP approved sites receive all meals at no charge. At non-CEP sites the students may buy lunch for \$2.75 at Elementary*, \$3.00 at Middle, \$3.50 at High Schools and Breakfast for \$1.50 at Elementary*, \$1.75 at Middle and High Schools. If your application is approved, eligible students may receive meals free of charge or at the reduced-price rate of \$0.40 for lunch. You or your children do not have to be U.S. 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. For a simple and secure method to apply, use our online application at www.lusd.org. *Manzanita prices are different.

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

2020-2021 Federal Income Eligibility Guidelines					
Household Size	Year	Month	Twice a Month	Every Two Weeks	Week
1	\$23,606	\$1,968	\$984	\$908	\$454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add:					
	\$8,288	\$691	\$346	\$319	\$160

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 (FPIR) 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 FPIR 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 & 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: Homeless (805) 742-3980, Migrant (805) 742-2560.

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 non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster 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 the following: Assistant Superintendent, Business Services, PO Box 8000, Lompoc CA 93438-8000, (805) 742-3199.

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 reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs).

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at:

<http://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any

USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; or

Fax: (833) 256-1665 or (202) 690-7442;

E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

STEP 1: CHILDREN'S INFORMATION – Include ALL children who live in your house. Print their name (first, middle initial, last), school, grade level & birthdate. Report the child's GROSS monthly income (if any). Include foster child's income. If any child listed is a foster child, check the "Foster" box. If any child listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FPIR, 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.

STEP 3: REPORT INCOME FOR ADULT HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members in whole dollars. Enter "0" for any household member that does not receive income.

- 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.
- Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "No SSN" box.

OPTIONAL - CHILDREN'S ETHNICITY AND RACE – 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.

STEP 4: CONTACT INFORMATION & 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.

INFORMATION 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you list a CalFresh, CalWORKs, or FPIR case number or other FPIR identifier for your child 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.

QUESTIONS / NEED ASSISTANCE: Please contact Child Nutrition Services at (805) 742-3353.

SUBMIT: Please submit a complete application to your child's school or mail to LUSD Child Nutrition Services, PO Box 8000, Lompoc CA 93438-8000. You will be notified by US Mail if your application is approved or denied for free or reduced-price meals.

Sincerely, Hannah Carroll, MA, RDN, Director of Child Nutrition Service