

SAMPLE

Meal Application & School
Funding Form

For Non Provision II Schools
Only

2016 - 2017 Oakland Unified School District Application for Free and Reduced-Price Meals

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 verbally identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

STEP 1 STUDENT INFORMATION - Print the birth date, name, grade and school of EACH child who will attend school this year.

Children in Foster Care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals.
Place a check in the box if a student is a foster, homeless, migrant or runaway

Student ID#	Student's Birth Date	Student's First Name	Student's Last Name	Grade	School Name	Foster Child	Homeless	Migrant	Runaway
						<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) have a CalFresh, CalWORKS or FDIPIR Case Number?

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3)
If NO > Complete STEP 3

Mark Which Benefit Received

CALFRESH CALWORKS FDIPIR

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

1. STUDENT INCOME: Sometimes Students in the household earn income. Please include the TOTAL income earned by all Students listed in STEP 1 here.

Total Student income: \$

How often? Weekly Bi-Weekly 2x Monthly Monthly

2. ALL OTHER HOUSEHOLD MEMBERS (including yourself). List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of ALL OTHER Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/SSI/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?								
		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly					
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YES! **NO!**

C. Total Household Members (From STEP 1 and STEP 3)

D. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household **XXX-XX** -

Check box if NO SSN

STEP 4 Contact information (Printed) and 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."

Street Address (if available)

Apt#

City

State

Zip

E-mail Address (Optional)

Daytime Telephone Number (Optional)

FIRST NAME of adult completing the form

LAST NAME of adult completing the form

Signature of adult completing the form

Today's date


OPTIONAL Children's Racial and Ethnic 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

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ENGLISH 16170176 / 060316

ALL HOUSEHOLDS: READ THIS SECTION

The Privacy Act (7 CFR Section 245.6(a)(8), Interim Rule effective 12/13/07) "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) 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."

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) 377-8339. 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 on 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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

OAKLAND UNIFIED SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. Oakland Unified School District offers healthy meals every school day. Students may buy lunch for \$2.50 at Elementary Schools and \$3.25 at Middle & High Schools. Breakfast is available at most schools and is served at no charge to all students. Milk can also be purchased for \$0.40. Eligible students may receive meals free or at a reduced price of \$0.40 for lunch. Students may purchase meals in advance at the school cafeteria. Please send money with your student. To apply for free or reduced price meals, use the Application for Free and Reduced Price Meals. If your total income is the same or less than the amounts on the income scale on the back of this page, 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. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to Nutrition Services at 900 High St., school cafeteria, or school office.**

Here are answers to questions you may have about applying:

- 1. Why do I need to complete this form?** Meal applications help to qualify your child(ren) for free or reduced meals. These forms also help to increase funding for OUSD classrooms based on the percentage of students that qualify for free or reduced meals.
- 2. Who can get free or reduced price meals?** If you or your children currently receive Food Stamps, CalWORKs, or FDPIR benefits, Nutrition Services will notify you of your enrolled child(ren)'s eligibility for free meals. Eligible children will be provided free meal benefits, unless their families tell Nutrition Service that they do not want the benefits. If you are not notified by Nutrition Services, but think your child(ren) are eligible for free meals, please complete the attached application. If you are notified by the Nutrition Services, **DO NOT COMPLETE AN APPLICATION.** Foster children or children placed in OUT-OF-HOME-CARE, are also eligible, and an application must be completed for them. Also, if your income is within the limits of the Federal Income Chart your children can get free or reduced price meals. Household means a group of related or non-related people who are living together and sharing expenses like, rent, clothes, food, and bills. **You must apply every school year.**
- 3. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 4. WIC Participants:** If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children-better know 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.
- 5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, CalWORKs, or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
- 6. How do I request special meals for my disabled child?** If your child needs a food substitute or a texture modification because of a disability, please contact Nutrition Services at (510) 434-3334. 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.
- 7. Will the information I put on the application be shared with anyone?** No. Family size, household income, and Social Security number information will remain confidential and will not be shared. It will only be used to see if your children qualify for free or reduced price meals.
- 8. What if I disagree with the District's decision about my application?** You should talk to Nutrition Services. You may also ask for a hearing by calling or writing to: Jennifer LeBarre, 900 High St., Oakland, CA 94601, phone number (510) 434-3334.
- 9. Who do I call if I have questions?** You may contact Nutrition Services at 900 High St., Oakland, CA 94601 or call at (510) 434-3334.



Antwan Wilson, Superintendent



Jennifer LeBarre, Executive Director
Nutrition Services

Application Instructions

If ALL the children you are applying are Foster Children, follow these instructions. **FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME.**

- Step 1**
1. List the child's ID#, birthdate, first name, last name, grade, school and mark the foster box
- Step 2 - SKIP THIS PART**
- Step 3A -** Complete if child has personal use monthly income.
- Step 3B-D - SKIP THIS PART**
- Step 4**
1. Fill in the Address, E-mail Address, and Phone number information
2. Print your name, sign and date
- Step 5**
1. Return to school office, school cafeteria, or Nutrition Services, 900 High Street using enclosed envelope (if available)

If your household gets CalWORKS, Food Stamps, or FDPIR, follow these instructions:

- Step 1**
1. List the child's ID#, birthdate, first name, last name, grade, and school
- Step 2**
1. Mark which program
2. Write the case number for each child in CalWORKS, Food Stamps, or FDPIR in the boxes provided
- Step 3A - SKIP THIS PART**
- Step 3B - SKIP THIS PART**
- Step 3C**
1. Write the number that represents the amount of children listed in Part 3
- Step 3D - SKIP THIS PART**
- Step 4**
1. Fill in the Address, E-mail Address, and Phone number information
2. Print your name, sign and date
- Step 5**
1. Return to school office, school cafeteria, or Nutrition Services, 900 High Street using enclosed envelope (if available)

If the child you are applying for is homeless, migrant, or runaway, follow these instructions:

- Step 1**
1. List the child's ID#, birthdate, first name, last name, grade, school and mark the homeless, migrant, runaway box.
- Step 2 - SKIP THIS PART**
- Step 3A -** Complete if child has personal use monthly income.
- Step 3B-D - SKIP THIS PART**
- Step 4**
1. Fill in the Address, E-mail Address, and phone number information. If you do not have this information you may skip this part.
2. Print your name, sign and date
- Step 5**
1. Return to school office, school cafeteria, or Nutrition Services, 900 High Street using enclosed envelope (if available)

ALL OTHER HOUSEHOLDS, follow these instructions. If your total 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.

- Step 1**
1. List each child's ID#, birthdate, first name, last name, grade, and school (if not in school write N/A) – attach another sheet if you need to
- Step 2 – SKIP THIS PART**
- Step 3A -** Complete if child has personal use monthly income.
- Step 3B**
1. List types of income your household got last month and fill in circle for how often you got them: Weekly, Bi-weekly, Monthly, Twice a Month.
Gross Earnings from Primary Work: List the gross income each person earned last month. It is not the same as take home pay. **Gross income is the amount of money you earned before taxes and deductions.**
Welfare, Benefits, Child Support, and Alimony Received: List the income each person earned last month next to amount. Also include Self-Employment, Farm or Rental income.
Pension, Retirement, All Other Income: List the income each person earned last month next to amount.
If no income earned by person: Write 0 in each box.

- Step 3C**
1. Write the total number of names from Step 1 and Step 3
- Step 3D**
1. The household adult who completes the application must include the last 4 digits of their social security number or check that they do not have a social security number.
- Step 4**
1. Fill in the Address, E-mail Address, and Phone number information
3. Print your name, sign and date
- Step 5**
1. Return to school office, school cafeteria, or Nutrition Services, 900 High Street using enclosed envelope (if available)

INCOME ELIGIBILITY GUIDELINES
Use the income chart below to see if you qualify for the free or reduced price meal program.
Effective July 1, 2016 - June 30, 2017

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,931	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,590	\$6,304	\$3,152	\$2,910	\$1,455
For EACH additional household member add:	\$7,696	\$642	\$321	\$296	\$148