

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Plumas Lake Elementary School District** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$2.75**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for the first breakfast meal of the day and **\$0.40** for the first lunch meal of the day per student. Additional full meals and menu items can be purchased at regular menu cost. 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 **California SNAP (CalFRESH, CalWORKS), the Food Distribution Program on Indian Reservations (FDPIR) or California TANF**, 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 this chart.

**FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-18**

Household Size	Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	\$ 22,311.00	\$ 1,860.00	\$ 930.00	\$ 859.00	\$ 430.00
2	\$ 30,044.00	\$ 2,504.00	\$ 1,252.00	\$ 1,156.00	\$ 578.00
3	\$ 37,777.00	\$ 3,149.00	\$ 1,575.00	\$ 1,453.00	\$ 727.00
4	\$ 45,510.00	\$ 3,793.00	\$ 1,897.00	\$ 1,751.00	\$ 876.00
5	\$ 53,243.00	\$ 4,437.00	\$ 2,219.00	\$ 2,048.00	\$ 1,024.00
6	\$ 60,976.00	\$ 5,082.00	\$ 2,541.00	\$ 2,346.00	\$ 1,173.00
7	\$ 68,709.00	\$ 5,726.00	\$ 2,863.00	\$ 2,643.00	\$ 1,322.00
8	\$ 76,442.00	\$ 6,371.00	\$ 3,186.00	\$ 2,941.00	\$ 1,471.00
Each Additional Family Member Add	\$ 7,733.00	\$ 645.00	\$ 323.00	\$ 298.00	\$ 149.00

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 the **Educational Specialist at (530) 743-4428 ext. 770**.
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** **No.** Use one Meal Benefit 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 the school site secretary or directly to Nutrition Services Manager April Mackill at the District Office. The District Office is located at 2743 Plumas School Road, Plumas Lake.
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 received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Nutrition Services Manager April Mackill at (530) 743-4428 ext. 770 or amackill@plusd.org** immediately.

5. CAN I APPLY ONLINE? You can download a PDF copy of the meal application at our District website at [www.PLUSD.org](http://www.PLUSD.org). Contact Nutrition Services Manager April Mackill at (530) 743-4428 ext. 770 or [amackill@plUSD.org](mailto:amackill@plUSD.org) if you have any questions about the application.
6. 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 Nutrition Services Department sent you a letter that your child is eligible for the new school year.
7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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 **Nutrition Services, Attn: April Mackill, 2743 Plumas School Road, Plumas Lake, CA 95961 or (530) 743-4428 ext. 770.**
11. 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.
12. 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.
13. 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.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. 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 **April Mackill at (530) 743-4428 ext. 770 or [amackill@plUSD.org](mailto:amackill@plUSD.org)** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **California SNAP** or other assistance benefits, contact your local assistance office or call **1-877-847-FOOD (1-877-847-3663)**.

If you have other questions or need help, call **(530) 743-4428 ext. 770**.

Sincerely,

**April Mackill**  
**Nutrition Services Manager**  
**Plumas Lake Elementary School District**  
**(530) 743-4428 ext. 770**  
**[amackill@plUSD.org](mailto:amackill@plUSD.org)**  
**Facebook – Instagram - Twitter @PLESDWellness**

### School Year 2017/18 Plumas Lake Elementary School 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. For more information, please visit [www.PLESD.org](http://www.PLESD.org). 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) <b>EXAMPLE: Joseph P Adams</b>	Enter school name and grade level <b>Lincoln Elementary</b>	Enter student's birthdate <b>12-15-2010</b>	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"/>

#### 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

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

**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

**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?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size  Free  Reduced-price  Paid (Denied)

Verified as:  Homeless  Migrant  Runaway

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verifying Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Categorical  Error Prone

#### 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