

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

---

Dear Parent/Guardian:

Children need healthy meals to learn. **Stockton Collegiate International Elementary/Secondary Schools** offer healthy meals every school day. Lunch costs **\$3.50**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.40** for lunch. 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 **CA SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or CA 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.

## Income Eligibility Guidelines

July 1, 2017–June 30, 2018

| Household Size                          | Year      | Month    | Twice Per Month | Every Two Weeks | Week   |
|---|-----------|----------|-----------------|-----------------|--------|
| 1                                       | \$ 22,311 | \$ 1,860 | \$ 930          | \$ 859          | \$ 430 |
| 2                                       | 30,044    | 2,504    | 1,252           | 1,156           | 578    |
| 3                                       | 37,777    | 3,149    | 1,575           | 1,453           | 727    |
| 4                                       | 45,510    | 3,793    | 1,897           | 1,751           | 876    |
| 5                                       | 53,243    | 4,437    | 2,219           | 2,048           | 1,024  |
| 6                                       | 60,976    | 5,082    | 2,541           | 2,346           | 1,173  |
| 7                                       | 68,709    | 5,726    | 2,863           | 2,643           | 1,322  |
| 8                                       | 76,442    | 6,371    | 3,186           | 2,941           | 1,471  |
| For each additional family member, add: |           |          |                 |                 |        |
|   | \$ 7,733  | \$ 645   | \$ 323          | \$ 298          | \$ 149 |

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 or e-mail **Stockton Collegiate International Elementary/Secondary Schools Office – (209)390-9861**.
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: **Franci Castro - P.O. Box 2286 Stockton, CA 95201 – (209)390-9861**.
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 **Franci Castro - P.O. Box 2286 Stockton, CA 95201 – (209)390-9861- [franci.castro@scisk12.org](mailto:franci.castro@scisk12.org)** 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, through

**September 29, 2017.** 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: **Katherine Luu - P.O. Box 2286 Stockton, CA 95201 - (209)390-9861.**
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 **Franci Castro - P.O. Box 2286 Stockton, CA 95201 - (209)390-9861 - [franci.castro@sciskl2.org](mailto:franci.castro@sciskl2.org)** 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 **CA SNAP** or other assistance benefits, contact your local assistance office or call **1-877-847-3663.**

If you have other questions or need help, call **(209) 390-9861.**

Sincerely,



Franci Castro  
Administrative Assistant

# School Year 2017-2018 Stockton Collegiate International Elementary/Secondary Schools 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 overly 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

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<br>(First, Middle Initial, Last) | Enter school name and grade level | Enter student's birthdate | Check the applicable box if the student is<br>foster, homeless, migrant, or runaway. |                          |                          |                          |
|---|-----------------------------------|---------------------------|--|--------------------------|--------------------------|--------------------------|
| EXAMPLE: Joseph P Adams   | ABC 123 Elementary                | 1st                       | Foster   | 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"/> |

## 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:<br><input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> 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 | Total Student Income | 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

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

|   |                          |  |                          |                          |                          |                          |  |
|---|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| C. Total Household Members<br>(Children and Adults) | <input type="checkbox"/> | D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check the box if NO SSN <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|

## 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  | \$                                   |
| Total Household Size  |                                      |
| 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.

|  |  |
|--|--|
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Not Hispanic or Latino    |
| Race (check one or more):  |  |
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian                     |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Black or African American |
|  | <input type="checkbox"/> White                     |