

DO NOT WRITE HERE
APPLICATION #: _____

SUNNYSIDE UNIFIED SCHOOL DISTRICT NO 12
Application for Free and Reduced-Price Meals
Complete ONE application per household

E 2018/2019
YOU ARE NOT REQUIRED TO APPLY FOR THIS PROGRAM

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 in your household. **** DO NOT USE PENCIL**
If more space is needed for additional children, attach another sheet of paper. **** USE BLACK OR BLUE INK ONLY!** Check all that apply if a child is a Foster Child or is Homeless, Migrant or a Runaway

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Matric Number	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"/>

STEP 2 Do any Household Members (including you) currently participate in one of more of the following assistance programs? **SNAP / TANF / FDPIR** YES NO

If **NO**, you must complete **Step 3** If **YES**, check which program and write case number here **SNAP** **TANF** **FDPIR** Write only one case number HERE → _____
 DO NOT write your AHCCCS or SNAP EBT Card Number here

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

SCHOOL/OFFICE STAMP

Are you unsure what income to include here?
 Flip to the back of this application & review the charts title "Sources of Income: for more information."

A. Child Income
 Sometimes children in the household earn income. Please include the **TOTAL** income earned by all Household Member listed in **STEP 1** here. \$ _____
 Child/ren's Gross Income

HOW OFTEN?	Weekly	Bi-Wkly	2X Month	Monthly
	0	0	0	0

B. All Adult Household Members (including yourself) List ONLY the 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 **GROSS** income (amount before taxes & deductions) for each source in whole dollars only. If they do not receive income from any source, write "0" or leave any fields blank. By leaving the field blank or writing "0" you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	GROSS EARNINGS Earnings from work	How Often?				Public Assistance Child Support/Alimony	How Often?				Pensions/Retirement Rental Income/Other Income	How Often?			
		Weekly	Bi-Wkly	2X Month	Monthly		Weekly	Bi-Wkly	2X Month	Monthly		Weekly	Bi-Wkly	2X Month	Monthly
	\$	0	0	0	0	\$	0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	\$	0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	\$	0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	\$	0	0	0	0	\$	0	0	0	0
	\$	0	0	0	0	\$	0	0	0	0	\$	0	0	0	0

C. Total Household Members (Children & Adults) _____ Last Four (4) digits of Social Security Number (SSN) of the Primary Wage Earner or Other Adult Household Member **X X X X X X** _____ Check if no Social Security Number

STEP 4 Contact Information and Adult Signature *You may mail your application to 2238 E. Ginter Rd. Tucson AZ 85706 ATTN: Food Service*

THIS SPACE IS FOR OFFICIAL SCHOOL USE ONLY Selected for Verification

Eligibility: Free Reduced Denied Inc. Exc. Incomplete Error Prone
 WD _____ Directly Certified Date of Disregard _____

Determining Official's Signature _____ Date _____

Household Size _____ Income Application Case # Application Foster Application
 Total Income \$ _____ Weekly Bi-Weekly 2XMonth Monthly Yearly

Confirming Official's Signature _____ Date _____
 Follow-Up Official's Signature _____ Date _____

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 child(ren) may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Printed NAME of adult completing this application _____ Home Address _____ Apt/Space No. _____

Signature of Adult completing application _____ City _____ State **AZ** Zip Code _____ Daytime Phone Number _____ Today's Date _____

INSTRUCTIONS		Sources of Income
Sources of Income from Children		
Type of Income	Examples	
Earnings from work	A child has a job where they earn a salary or wages.	
Social Security/Disability payments	A child is blind or disabled and receives Social Security benefits.	
Survivor Benefits	A parent is disabled, retired, or deceased and a child receives social security benefits.	
Income from persons outside the household	A friend or extended family member <i>regularly</i> gives a child spending money.	
Income from any other Source	A child receives income from a private fund, annuity or trust.	

Sources of Income for Adults		
Earnings from Work	Public Assistance	Pensions/Retirement/Other Income
<ul style="list-style-type: none"> ♦Salary, wages, cash bonuses ♦Net income from self-employment (farm or business) ♦If you are in the U.S. Military Basic Pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowance) ♦Do include allowances for off-base housing, food and clothing. 	<ul style="list-style-type: none"> ♦Unemployment benefits ♦Worker's Compensation ♦Supplemental Security Income (SSI) ♦Cash Assistance from State or local government ♦Alimony payments ♦Child Support payments ♦Veteran's Benefits ♦Strike Benefits 	<ul style="list-style-type: none"> ♦Social Security (including railroad retirement and black lung benefits) ♦Private Pensions or disability ♦Regular income from trusts or estates ♦Annuities ♦Investment Income ♦Earned Interest ♦<i>Rental Income</i> ♦Regular cash payments from outside your household.

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 child's eligibility for free or reduced-price meals.

Ethnicity (check one)

- Hispanic or Latino Not Hispanic or Latino

Race (Check on or more):

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

SHARING INFORMATION WITH OTHER PROGRAMS (OPTIONAL)

Dear Parent/Guardian:

To save you time and effort the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for children may qualify. For the following programs, we must have your permission to share your information. Signing this form will not change whether your children get free or reduced price meal benefits.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the following program(s): _____

NO! I DO NOT want school officials to share information from my Free and Reduced Price School Meals Application with any other program.

If you checked yes on the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you specified.

Child's Name _____ School: _____

Child's Name _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Person Signing Above: _____

Address: _____, Arizona _____
City _____ Zip Code _____

If you need more information, call the Applications Office at (520) 545-2072 for clarification

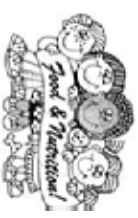
The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law & U.S. Department of Agriculture (ASDA) civil rights regulations and policies, 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 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) 87-8339. 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 by: (1) mail: U.S. Department of Agriculture, Office of 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

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PLEASE NOTE THAT FULL-PRICED LUNCH PRICES HAVE CHANGED THIS YEAR FOR SECONDARY SCHOOLS 2018-2019

Dear Parent/Guardian

Children need healthy meals to learn. The Sunnyside Unified School District offers healthy meals every school day. **Breakfast costs \$1.00. Lunch costs \$2.20 (Elementary) & \$2.45 (Secondary). Your children may qualify for free meals or for reduced price meals.** Reduced price is **30¢** for breakfast, and **40¢** for lunch. This packet includes an application for free or reduced price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from SNAP, FDIPIR (Food Distribution Program on Indian Reservations) or TANF, can get free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school’s Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. Children can get free or reduced price meals if your household **GROSS** income (income before deductions) 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 2018-2019			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person:	+\$7,992	+\$666	+\$154

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 Homeless/Migrant Liaison Araceli Mendoza at (520) 545-2158 to verify your status.

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 your application to your child’s school cafeteria manager. DO NOT LEAVE YOUR APPLICATION WITH THE FRONT OFFICE STAFF AT YOUR CHILD’S SCHOOL... You may also mail your application to: Attention Food Service: 2238 E Ginter Road. Tucson, AZ 85706

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact your child’s school immediately. You may need to fill out a new application.

5. **CAN I APPLY ONLINE?** At this time the Sunnyside Unified School District **DOES NOT** have the capability for you to apply online. Please obtain a paper application from your child's school so that your application can be processed.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first 30 days of this school year through September 2, 2018. You must send in a new application each 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.
7. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. School officials may ask for verification at any time during the year. 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 Mr. Hector Encinas in the Business and Finance Office; 2238 E. Ginter Rd. Tucson, AZ 85706.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes, 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.
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, 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.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

Sincerely,
Sunnyside Food Service
(520) 545-2073

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) 877-8339. 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 in 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: pro-gram.intake@usda.gov.

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