

DO NOT WRITE HERE
APPLICATION # _____

SUNNYSIDE UNIFIED SCHOOL DISTRICT NO. 12
 Application for Free and Reduced Price School Meals
Complete ONE application per household. Please use a pen(not a pencil)

2020/2021
SCHOOL YEAR

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household *(If more space is needed for additional children, attach another sheet of paper)*

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 or more of the following assistance programs? **SNAP / TANF / FDPIR** YES NO

If you answered **NO**, you must complete Step 3 If you answered **YES**, Write only one case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

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

SCHOOL/OFFICE STAMP

Are you unsure what income to include here?
 Flip to the back of this application and review the charts titled "Source of income" for more information.

The "Source of Income for Children" chart will help you with the Children Income Section.

The "Source of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the **TOTAL** income earned by all Children Household Members listed in **STEP 1** here.

Child's Gross Income

How Often?

| Weekly | Bi-Wkly | 2X Month | Monthly |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. All Adult Household Members (including yourself)

List only the Adult Household Members (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 and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| NAME OF ADULT HOUSEHOLD MEMBERS <i>First and Last</i> | GROSS EARNING <i>Earning from work</i> | How Often? | | | | PUBLIC ASSISTANCE <i>Child Support / Alimony</i> | How Often? | | | | PENSIONS/RETIREMENT <i>All Other Income</i> | How Often? | | | |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Wkly | 2X Month | Monthly | | Weekly | Bi-Wkly | 2X Month | Monthly | | Weekly | Bi-Wkly | 2X Month | Monthly |
| _____ | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| _____ | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. Total Household Members

(Children and Adults)

Last Four(4) digits of Social Security Number (SSN)

Of the Primary Wage Earner or other Adult Household Member

Check if no SSN

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

"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."

 Printed NAME of adult completing the form

 Home Address

 Apt #

 Signature of ADULT completing the form

 City and State

 Zip Code

 Daytime Phone

 Today's Date

FOR OFFICIAL SCHOOL USE ONLY Selected for Verification

Eligibility: Free Reduced Denied → *Income Exceed* *Incomplete*
 Directly Certified: Date of Disregard _____ *Error Prone*
 Determining Official's Signature _____ Date: _____
 Household Size _____ Case # Application Foster Application Income Application
 Total Income \$ _____ Weekly Bi-Weekly 2X Month Monthly Yearly
 Confirming Official's Signature _____ Date: _____
 Follow-Up Official's Signature _____ 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 <u>outside</u> the household | A friend or extended family member <u>regularly</u> 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 ♦Rental Income ♦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) |
|---|
| <p>Dear Parent/Guardian:</p> <p>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 which children may qualify. For the following programs, we must have permission to share your information. Signing this form will not change whether your children get free or reduced price meal benefits.</p> <p><input type="checkbox"/> Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with the following program(s): _____</p> <p><input type="checkbox"/> NO! I DO NOT want school officials to share information from my Free and Reduced Price School Meals Application with any other program.</p> <p>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.</p> <p>Child's Name _____ School: _____</p> <p>Child's Name _____ School: _____</p> <p>Signature of Parent/Guardian: _____ Date: _____</p> <p>Printed Name of Person Signing Above: _____</p> <p>Address: _____, Arizona _____ City _____ Zip Code _____</p> <p style="text-align: center;"><small>If you need more information, call the Applications Office at (520) 545-2159 for clarification.</small></p> |

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) 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 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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SUNNYSIDE UNIFIED SCHOOL DISTRICT NO. 12
 Department of Food and Nutrition - Application's Office
 2238 East Ginter Road, Tucson, AZ 85706
 Phone Number: (520) 545-2159



Dear Parent/Guardian:

Children need healthy meals to learn. Sunnyside Unified School District offers healthy meals every school day. Breakfast for Elementary School costs \$1.00, Middle and High School Breakfast costs \$1.00 Lunch for Elementary School costs \$2.40; Middle and High School Lunch costs \$2.65. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$0.30 for breakfast and \$0.40 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 QUALIFIES FOR FREE MEALS?

- 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.
- 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 can qualify for free or reduced-price meals if your household's gross 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 2020-2021 | | | |
|---|---------------|----------------|---------------|
| Household Size | Yearly Income | Monthly Income | Weekly Income |
| 1 | \$23,606 | \$1,968 | \$454 |
| 2 | \$31,894 | \$2,658 | \$614 |
| 3 | \$40,182 | \$3,349 | \$773 |
| 4 | \$48,470 | \$4,040 | \$933 |
| 5 | \$56,758 | \$4,730 | \$1,092 |
| 6 | \$65,046 | \$5,421 | \$1,251 |
| 7 | \$73,334 | \$6,112 | \$1,411 |
| 8 | \$81,622 | \$6,802 | \$1,570 |
| Each additional person: | +\$8,288 | +\$691 | +\$160 |

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 Araceli Mendoza at (520) 545-2158.

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: your child's school cafeteria manager or Clarissa Martinez at the district office: 2238 E. Ginter Road. If you have any questions, please call (520) 545-2159.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN QUALIFIED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, please contact Clarissa Martinez at (520) 545-2159.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.susd12.org/food-and-nutrition> to begin.

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 few days of this school year through August 31, 2020. 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 or reduced meals. Your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may qualify for free or reduced-price meals. Please fill out 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: John Oakley; 2238 E. Ginter Rd, (520) 545-2073.
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. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
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 zeros. 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, 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,
Clarissa Martinez
Food Service Application Specialist
(520) 545-2159

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals.

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: program.intake@usda.gov.

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