

# Del Norte County Unified School District

## Online Free & Reduced Applications

Dear Parent/Guardian,  
Del Norte County Unified Schools is pleased to announce the availability of applying for Free and Reduced Price Meals online! The process is SAFE, SECURE, PRIVATE, and AVAILABLE anytime, anywhere!

### *Safe & Secure*

We use the highest level of data encryption available, meaning that your information is always safe and guarded.

### *Private & Available*

Apply online in the comfort and privacy of your own home. The online service is available 24/7 anytime, anywhere there is an Internet connection!

### *Fast*

Your data is transmitted to the Nutrition Office the same day you apply, allowing for quicker processing so you can receive benefits faster.

### *Go Green*

No more paper applications to complete and return to the school office! Applying online is so convenient and good for the environment as well!

- Visit [www.delnorte.k12.ca.us](http://www.delnorte.k12.ca.us)
- Follow the easy to use, step-by-step screens to enter student and household information
- Click "Apply" to submit your application for meal benefits!

It's That Easy!

For more information contact Nutrition Services at 707-464-0214 or 707-464-0246

# Apply for Free & Reduced Meal Benefits Online!



Visit

[www.delnorte.k12.ca.us](http://www.delnorte.k12.ca.us)  
to apply today!

The First Day of School for the Fall is **August 28!**  
Online Application Entry will be available beginning  
**August 1, 2017**

Dear Parent or Guardian:

The DNCUSD participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.00 (K-8)/ \$3.25 (high school) and breakfast for \$1.50 (high school). **Free and reduced-price eligible students may receive meals free of charge.** You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application at [www.delnortennutrition.org](http://www.delnortennutrition.org)

**LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS**

**QUALIFICATION:** Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

| Effective July 1, 2017–June 30, 2018<br>Income Eligibility Guidelines |           |          |                 |                 |        |
|-----------------------------------------------------------------------|-----------|----------|-----------------|-----------------|--------|
| 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 |

**APPLYING FOR BENEFITS:** An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

**DIRECT CERTIFICATION:** An application is not required if the household receives a notification letter indicating all children are automatically

certified for free meals. If you did not receive a letter, please complete an application.

**VERIFICATION:** School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

**WIC PARTICIPANTS:** Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

**HOMELESS, MIGRANT, RUNAWAY & HEAD START:** Children who meet the definition of homeless, migrant, or runaway, and children participating in their school’s Head Start program are eligible for free meals. Please contact school officials for assistance at 464-0246.

**FOSTER CHILD:** The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

**FAIR HEARING:** If you do not agree with the school's decision regarding your application’s determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Jeff Napier DNCUSD 301 W Washington Blvd, Crescent City, CA 95531 or 464-6141

**ELIGIBILITY CARRYOVER:** Your child’s eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals.

School officials are not required to send reminder or expired eligibility notices.

**NON-DISCRIMINATION STATEMENT:** 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, audiotope, 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](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 Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.**

**STEP 1: STUDENT INFORMATION –** Include ALL STUDENTS who attend DNCUSD Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the “Foster” box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable “Homeless, Migrant, or Runaway” box and complete all STEPS of the application.

**STEP 2: ASSISTANCE PROGRAMS –** If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS –** Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter “0” for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child’s income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the “NO SSN” box.

**STEP 4: CONTACT INFORMATION & ADULT SIGNATURE –** The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today’s date.

**OPTIONAL: CHILDREN’S ETHNIC AND RACIAL IDENTITIES –** This field is optional to complete and does not affect your children’s eligibility for free or reduced-price meals. Please check the appropriate boxes.

**INFORMATION STATEMENT:** 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 are not required when you list a CalFresh, CalWORKs, or 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.

**QUESTIONS/NEED ASSISTANCE:** Please contact Nutrition Services at 464-0246

**SUBMIT:** Please submit a complete application to your child’s school or the nutrition office at 301 W Washington Blvd, Crescent City, CA 95531 You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,

Deborah Kravitz  
Director , Nutrition Services

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. **You only need to submit one application per household, even if your children attend more than one school in Del Norte County Unified School District.** The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Del Norte Nutrition Services at 707-464-0246.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending DNUSD schools, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) Is the child a student?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend DNUSD schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.  
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this child description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or CalFresh
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Del Norte Health & Human Services
- Go to **STEP 4**.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children,**" printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**B) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**C) Report earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

**F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**C) Mail Completed Form to: DNUSD  
301 W Washington Blvd, Crescent City, CA 95531**

**D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, 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. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Grade | Student?<br>Yes No       |                          | 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"/> |
|                    |    |                   |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3.      If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

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)

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$   Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult 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 gross income (before taxes) for each source in whole dollars (no cents) 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 Adult Household Members (First and Last) | Earnings from Work | How often? |           |          |         | Public Assistance/ Child Support/Alimony | How often? |           |          |         | Pensions/Retirement/ All Other Income | How often? |           |          |         |  |  |  |
|--------------------------------------------------|--------------------|------------|-----------|----------|---------|------------------------------------------|------------|-----------|----------|---------|---------------------------------------|------------|-----------|----------|---------|--|--|--|
|                                                  |                    | Weekly     | Bi-Weekly | 2x Month | Monthly |                                          | Weekly     | Bi-Weekly | 2x Month | Monthly |                                       | Weekly     | Bi-Weekly | 2x Month | Monthly |  |  |  |
|                                                  | \$                 |            |           |          |         | \$                                       |            |           |          |         | \$                                    |            |           |          |         |  |  |  |
|                                                  | \$                 |            |           |          |         | \$                                       |            |           |          |         | \$                                    |            |           |          |         |  |  |  |
|                                                  | \$                 |            |           |          |         | \$                                       |            |           |          |         | \$                                    |            |           |          |         |  |  |  |
|                                                  | \$                 |            |           |          |         | \$                                       |            |           |          |         | \$                                    |            |           |          |         |  |  |  |
|                                                  | \$                 |            |           |          |         | \$                                       |            |           |          |         | \$                                    |            |           |          |         |  |  |  |

Total Household Members (Children and Adults)       Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member      X X X  X X

Check if no SSN

**STEP 4** Contact information and adult signature. **Mail Completed Form To: DNUSD Nutrition Services 301 W Washington Blvd. Crescent City, CA 95531**

"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  Daytime Phone and Email (optional)

Printed name of adult signing the form  Signature of adult  Today's date



**OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS**

**Pursuant to California Education Code 49558(d)**

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student’s parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child’s eligibility for the free and reduced-price meal program.

Check this box if you are the parent or guardian of **every student** listed in STEP 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today’s date below.

Print Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

In households with multiple families, the parent or guardian of each student must approve and sign for their **own child(ren)**. To consent to sharing this application as stated above, the parent or guardian must print their child’s name, print their name, sign their name, and enter today’s date below.

| Print Student Name | Print Name of Parent/Guardian | Signature of Parent/Guardian | Today’s Date |
|--------------------|-------------------------------|------------------------------|--------------|
|                    |                               |                              |              |
|                    |                               |                              |              |
|                    |                               |                              |              |
|                    |                               |                              |              |