

DUBLIN
UNIFIED



School District

DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

7471 Larkdale Avenue, Dublin, CA 94568-1599 ♦ 925-828-2551 ♦ FAX 925-829-6532

July 1, 2020

*Education That Inspires
Lifelong Learning*

**ACTING
SUPERINTENDENT**

*Daniel Moirao, Ed.D.
(925) 828-2551*

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Dear Parent and/or Guardian,

Dublin Unified School District participates in the National School Lunch and Breakfast Programs. Meals are offered to all students each school day at all participating schools.

Eligible students whose households qualify for free or reduced priced meals are provided breakfast and lunch each school day.

Reduced eligibility per student is \$0.30 per day for breakfast and \$0.40 per day for lunch.

Attached is an application for free or reduced price meals for the 2020-2021 school year. To qualify for meals for your students, you must submit a new application each school year. Please complete and sign the attached application.

Incomplete applications cannot be processed and will delay eligibility determination. Families will be notified by mail of their eligibility status.

Applications from the prior school year are valid until an eligibility determination is made for the current school year or up to the first 30 operating days of a new school year. The deadline is October 2, 2020. If an application is not submitted before this time, the students' eligibility will return to paid status for all meals at the end of the day October 5, 2020.

Elementary	Breakfast \$2.50	Lunch \$4.00
Middle School	Breakfast \$3.00	Lunch \$4.75
High School	Breakfast \$3.00	Lunch \$5.25

Return one completed application per household in a sealed envelope to:

Dublin Unified School District
7471 Larkdale Ave.
Dublin, Ca 94568
Attention: Child Nutrition Services

Dublin Unified School District also provides online applications. Go to www.dublinusd.org, click on either Parents or Students tab, and then click on Free and Reduced Lunch Online Form.

Thank you,

Frank Castro
Director Child Nutrition Services

Dear Parent or Guardian:

The Dublin Unified School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$4.00, \$4.75 and \$5.25 and breakfast for \$2.50 or \$3.00. Eligible students may receive meals free of charge or at the reduced-price rate of \$0.40 for lunch and \$0.30 for breakfast. You or your children do not have to be United States 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.dublinusd.org.

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.

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,606	\$1,968	\$984	\$ 908	\$ 454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$ 1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$ 1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$ 1,570
For each additional family member add	\$8,288	\$ 691	\$ 346	\$ 319	\$ 160

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, AND 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.

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 nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster 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 to the following: Frank Castro, 7471 Larkdale Ave. Dublin, CA 94568, (925) 828-2551 ext. 7258

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 a reminder or expired eligibility notices.**

NONDISCRIMINATION 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, 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 the 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.

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. **Must submit a 2020-2021 meal application marked with current year.**

- 1. STUDENT INFORMATION**—Include **all students** who attend Dublin Unified School District. 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.
- 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.
- 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.
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 nonfoster children on the same application.

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.

Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3.

Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the **NO SSN** box.

- 4. CONTACT INFORMATION AND 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 SSN of the adult household member who signs the application.** The last four digits of the SSN 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 an SSN by selecting the checkbox. 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 OR ASSISTANCE

Please contact Sabina Jochim at (925) 828-2551 ext. 7256.

SUBMIT

Please submit a complete application to Child Nutrition Services office at 7471 Larkdale Ave, Dublin, CA 94568. You will be notified by mail if your application is approved or denied for free or reduced-price meals.

Sincerely,

Frank Castro

Child Nutrition Director, Dublin Unified School District

School Year 2020-2021 Dublin Unified School District Application for Free and Reduced-Price Meals

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.dublinusd.org. 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 overtly identified by the use of special tokens, special tickets, special serving lines, separate dining areas, or by any other means.

Complete one application per household.

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) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary	Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.	
			Foster	Homeless
			<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		How Often	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	How Often	Total Student Income
	\$	\$					
	\$	\$		\$	\$		\$
	\$	\$		\$	\$		\$
	\$	\$		\$	\$		\$
	\$	\$		\$	\$		\$

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 Eligibility Status: 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: _____

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