

# School Year 2024-2025 Sierra Unified School District 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 overtly 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

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school and children not applying for benefits. This includes children not related to you in your household.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				Foster	Homeless	Migrant	Runaway
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	<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 –** Do ANY household members (child or adult) currently participate in SNAP, TANF or FDPIR? 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.	<b>Select Program Type:</b> <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> FDPIR	<b>Enter Case Number:</b> _____
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## 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 (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

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

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 Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	<b>Total Household Income</b> \$ _____	
Total Household Size: <input type="text"/> <input type="text"/>	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Categorical <input type="checkbox"/> Error Prone	
<b>Determining Official's Signature:</b> _____	<b>Date:</b> _____	
<b>Confirming Official's Signature:</b> _____	<b>Date:</b> _____	
<b>Verifying Official's Signature:</b> _____	<b>Date:</b> _____	

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

## SY 2024-2025 Letter to Households for Free and Reduced-Price Meals (California Universal Meals)

Dear Parent or Guardian:

The Sierra Unified School District participates in the National School Lunch Program and/or School Breakfast Program. At Sierra Unified School District, all students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are based on household income and eligibility. Although meals are free of charge, families are encouraged to submit a meal application. The information collected on the meal application ensures our schools receive adequate funding and can offer your family additional benefits such as discounted fees. Your cooperation is greatly appreciated. You or your children do not have to be U.S. citizens to qualify for free meals. If there are more household members than the number of lines on the application, attach a second application.

Free Eligibility Scale  
Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,578	\$ 1,632	\$ 816	\$ 753	\$ 377
2	\$ 28,572	\$ 2,215	\$ 1,108	\$ 1,022	\$ 511
3	\$ 33,566	\$ 2,798	\$ 1,399	\$ 1,291	\$ 646
4	\$ 40,560	\$ 3,380	\$ 1,690	\$ 1,560	\$ 780
5	\$ 47,554	\$ 3,963	\$ 1,982	\$ 1,829	\$ 915
6	\$ 54,548	\$ 4,546	\$ 2,273	\$ 2,098	\$ 1,049
7	\$ 61,542	\$ 5,129	\$ 2,565	\$ 2,367	\$ 1,184
8	\$ 68,536	\$ 5,712	\$ 2,856	\$ 2,636	\$ 1,318
For each additional family member, add:	\$ 6,994	\$ 583	\$ 292	\$ 269	\$ 135

Reduced-price Eligibility Scale  
Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 27,661	\$ 2,322	\$ 1,161	\$ 1,072	\$ 536
2	\$ 37,814	\$ 3,152	\$ 1,576	\$ 1,455	\$ 728
3	\$ 47,767	\$ 3,981	\$ 1,991	\$ 1,838	\$ 919
4	\$ 57,720	\$ 4,810	\$ 2,405	\$ 2,220	\$ 1,110
5	\$ 67,673	\$ 5,640	\$ 2,820	\$ 2,603	\$ 1,302
6	\$ 77,626	\$ 6,469	\$ 3,235	\$ 2,986	\$ 1,493
7	\$ 87,579	\$ 7,299	\$ 3,650	\$ 3,369	\$ 1,685
8	\$ 97,532	\$ 8,128	\$ 4,064	\$ 3,752	\$ 1,876
For each additional family member, add:	\$ 9,953	\$ 830	\$ 415	\$ 383	\$ 192

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 Sierra 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.

**STEP 2: ASSISTANCE PROGRAMS** – If ANY household member (child or adult) participates in SNAP, TANF, or FDIPIR, 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.

- 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.
- 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.

**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.

**SUBMIT:** Please submit a complete application to your child's school or the District office at 29143 Auberry Rd., Prather, CA 93651. You will be notified if your application is approved or denied for free or reduced-price meals.

**QUESTIONS/NEED ASSISTANCE:** Please contact Kim Engleman at (559)855-4996.

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms.

In accordance with federal civil rights law and US Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotope, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET center at (202)720-2600 (voice or TTY) or contact USDA through the Federal Relay Service at (800)877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866)632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of the alleged civil rights violation. The completed AD-3027 Form or letter must be submitted to USDA by mail: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410, fax to (833)256-1665 or (202)690-7442 or email to [program.intake@usda.gov](mailto:program.intake@usda.gov)