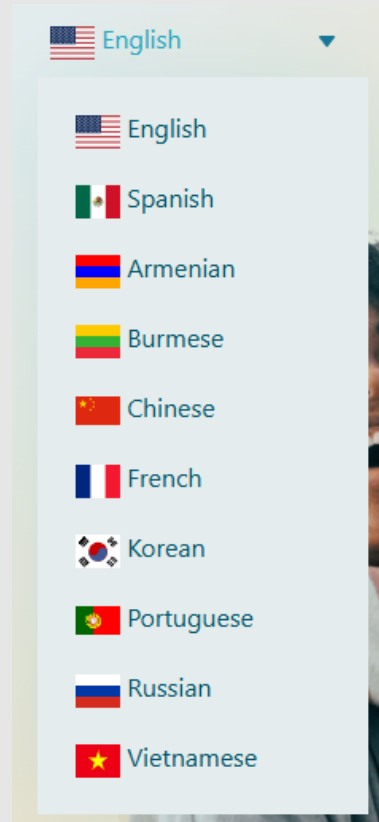




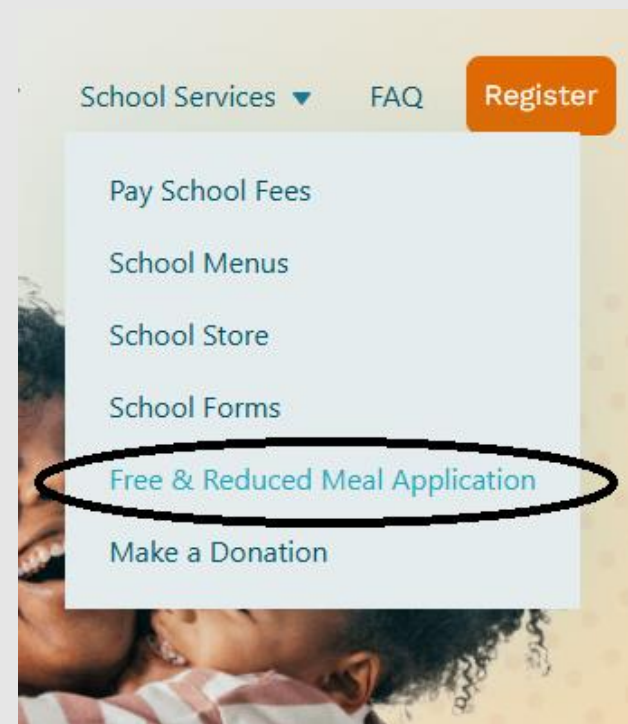
FREE & REDUCED APPLICATIONS

<https://linqconnect.com/main>

Go to: <https://lingconnect.com/main>



SELECT LANGUAGE



SELECT FREE & REDUCED MEAL APPLICATION

Select Liberty Union High School District (Brentwood, California) then Click Next

LINC Connect

Free & Reduced Meal Application

1 General Info

General Information

Search For A District *
Liberty Union

Liberty Union High School District (Brentwood, California)

NEXT

Fill out address, phone number, email, and assistance program if applicable. Click next.

1 General Info 2 Letter to Household 3 Students 4 Household Members 5 Review 6 Submit

General Information

Liberty Union High School District (California)

[CHANGE DISTRICT](#)

This application should be completed if you are seeking free or reduced price school meals for your child. To get started, enter the information of the household member completing the application then click Next to continue.

Household street address (optional)

Address
850 Second St.

Country
United States

City
Brentwood

State/Province
California

Postal Code
94513

Daytime Phone Number And Email Address (optional)

Phone
(123) 456-7891

Email
1234@gmail.com

Do any Household Members (including you) currently participate in an assistance program?

Assistance Program

- Calfresh
- Calworks
- Food Distribution Program on Indian... (FDPIR)

[NEXT](#)


1) Click on Add student

Free & Reduced Meal Application

General Info Letter to Household **3 Students** Household Members

Students

List all students that attend **LIBERTY UNION HIGH SCHOOL DISTRICT**



ADD STUDENT

Items per page: 10

Student

First Name *
First Middle Name

Last Name *
Last

Student Id
6000000 Date of Birth
6/1/2000

School
Liberty High School Grade
12th

Eligibility Benefit Type *i*

None
 Foster
 Homeless
 Migrant
 Runaway

CANCEL **SAVE & ADD NEW** **SAVE & CLOSE**

2) Fill out student info



3) Click Save & add new for more student or Save & close



1) Click on Add Household Member

Total Household Members *

Add a person for each member of your household (including yourself, infants, etc.) even if they do not receive income. Students do not need to be added again.

4) Enter Total Household Members (this includes students), then click next at the bottom right.

ADD HOUSEHOLD MEMBER

Items per page: 10

BACK

Household Member

First Name * Household Last Name * Member

Report total income (before taxes) for each source in whole dollars only.

If no income is received from any source, leave the fields blank. By doing so, you are certifying (promising) there is no income to report.

Work

Income * \$300.00 How often? * Weekly

Public Assistance, Child Support, Alimony

Income How often?

Pension, Retirement, Other

Income How often?

CANCEL SAVE & ADD NEW SAVE & CLOSE

2) Fill out household member name and income(s)

3) Click Save & add new for more household members (do not include students that you entered already) OR save and close

Review information is correct, click on back button to update or click on next if all information is correct.



Free & Reduced Meal Application

General Info Letter to Household Students Household Members **5 Review** Submit

Review

Please review the entered information before continuing to submit the application

General Information

District
Liberty Union High School District

Language
English

Items per page: 10 1 - 1 of 1 Page: 1

BACK

NEXT

1) Sign application (name must match one of the household members exactly) & click on box to agree to Terms of Service

4) **SAVE confirmation #; you will receive an email as well**

2) Enter last 4 digits of social security number (or click on "No SSN" box if you don't have one)

3) Click on Submit

LINQ Connect

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.*

Signed By *
Household Member I agree to the [Terms of Service](#)

Last 4 digits of SSN
0000 No SSN

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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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 and U.S. 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 and 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 an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program_intake@usda.gov

This institution is an equal opportunity provider.