



Welcome Letter to Students and Parents from Nutrition Services



Information about the LUHSD Food Service Department:

WEBSITE: <http://libertyunion.schoolwires.net/domain/1181>

Carrie Gensler (925) 625-5900 x 3549, Freedom High School Cafeteria Coordinator
 Heidi Ellingson (925) 634-0337 x6923, Heritage High School Cafeteria Coordinator
 Valerie Austin (925) 634-3521 x 5251, Liberty High School Cafeteria Coordinator
 Rosy Ayers (925) 634-3521 x 5651, Food Service Director LUHSD

The Liberty Union High School District takes part in the National School Lunch/Breakfast programs. Nutrition is important for feeding the brain and academic success. Healthy meals are served every school day and our goal is to meet or exceed the Federal Requirements.

Full Priced Breakfast and Lunches (Complete Meals):



Breakfast Program: \$2.50



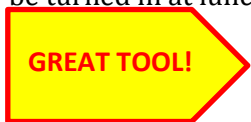
Lunch Program: \$3.50

Free/Reduced eligible students: receive breakfast/lunch at free or reduced rates. Please fill out the Application for Free and Reduced-Priced meals and see below for more information on how to apply.

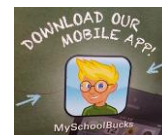
Did you know Food and Nutrition Services is a special revenue fund that does not receive General Fund Support? As a result, we must balance our budget through meal sales, snack sales and state/federal reimbursements.

Payment of meals:

- Cash, checks may be turned in at lunch/breakfast times or use the easy online payment to view/ pay your child's account:



Go to: <https://www.myschoolbucks.com> for easy online payment! **Yes there's an APP** →



- Remember that if you apply for free and reduced priced meals and have a pending application, you must pay for all school meals until you receive an approval letter.
- If your child owes money at the start of the school year, this was a debt from the prior year. Please pay this bill promptly.

HOW TO APPLY for FREE & REDUCED LUNCHES

- **If you now receive CALFresh (Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free meals.**
- **If your total household income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price.**
- **A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income.**

COMPLETE and SIGN the attached Application for Free and Reduced –Price Meal or Free Milk—The Application cannot be approved unless it contains complete eligibility information. If you **do not** enter a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number for **each** student (or an adult household member) listed on the Application, you must complete the following:

Note: You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

Section A: The names of all children in your household, name of school or write “none” if not in school, their earned income with frequency, or mark the “if no income box.” The Children’s Racial and Ethnic Identities, is voluntary to answer.

Section B: The names of all adults in the household, the amount of income, the source and frequency of income, or mark the “if no income box” for each person listed.

Section C: Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the "I do not have an SSN box" if the adult does not have an SSN.

VERIFICATION—School officials may check the information on the Application at any time during the school year. You may be asked to send information to validate your income, or current eligibility for CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

INFORMATION STATEMENT—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKs, KinGAP, 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 SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

OVERT IDENTIFICATION—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

FAIR HEARING—If you do not agree with the school's decision regarding your Application's eligibility determination or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: **Rosy Ayers (925) 634-3531 X5651; 20 Oak Street Brentwood, CA 94513**

INCOME FOR THE SELF-EMPLOYED—Self-employed persons may use last year's income as a basis to project their current year's NET income, unless your current net income provides a more accurate measure. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

CALCULATING INCOME—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME TO REPORT	
Earnings from work before deductions; include all jobs	Gross Wages/salaries/tips, strike benefits, unemployment compensation, workers' compensation, and net income from self-owned business or farm
Pensions Retirement Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
List Other Income	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household, net royalties and annuities, net rental income, any temporary income

Income Eligibility Guidelines (IEGs) July 1, 2016-June 30, 2017					
Use the income chart below to see if you qualify for the FREE priced meal program					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$15,444	\$1,287	\$644	\$594	\$297
2	\$20,826	\$1,736	\$868	\$801	\$401
3	\$26,208	\$2,184	\$1,092	\$1,008	\$504
4	\$31,590	\$2,633	\$1,317	\$1,215	\$608
5	\$36,972	\$3,081	\$1,541	\$1,422	\$711
6	\$42,354	\$3,530	\$1,765	\$1,629	\$815
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023
For each additional household member add	\$5,408	\$451	\$226	\$208	\$104

Income Eligibility Guidelines (IEGs) July 1, 2016-June 30, 2017					
Use the income chart below to see if you qualify for the REDUCED-PRICE MEAL PROGRAM					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,931	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional household member add	\$7,696	\$642	\$321	\$296	\$148

NON-DISCRIMINATION STATEMENT—This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish).”

Do you Need Assistance completing the Application or have questions? Please contact, **Rosy Ayers (925) 634-3531; 20 Oak Street Brentwood, CA 94513**

You will be notified by the school when your Application has been approved or denied for free or reduced-price meals.

Sincerely,

Rosy Ayers, Food Service Supervisor LUHSD