School Year 2017-2018 Academy for Academic Excellence 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. You may also apply online at http://www.lewiscenter.org/About-LCER/Nutrition-ServicesWellness/index.html. 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

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)			En		ool name an de level	d			Ente	er student	's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway .					
EXAMPLE: Joseph P Adams			Lincol	n Elem	entary		1	st		12-15-	2010	Foster	Homeless	Migrant	Runaway		
STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWOR												STEP 4 – CONT	ACT INFORM	ATION & ADI	JLT SIGNATURE		
Do ANY household members (child or adult) currently partici				PIR? If I	NO, skip STE							Certification: I ce	ertify (promise)	that all inform	ation on this		
If YES, check the applicable program box, enter one case		rogram Type		_		Ent	er Case N	umber	application is true and that all incom								
number, skip STEP 3, and continue to STEP 4.	CalFi	resh 🛛 C	alWORKs		FDPIR							that this information is given in connection with the receipt of					
STEP 3 - REPORT INCOME FOR ALL HOUSEHOLD MEN	VIBERS (Sk	cip this step	if you a	nswere	ed 'YES' in	STEP	2)					federal funds, ar					
A. STUDENT INCOME: Sometimes students in the household	d earn inco	me. Enter the	e TOTAL G	ROSS ir	ncome (befo	ore	Tot	al Stude	ent Inco	ome H	ow Often	information. I am aware that if I purposely give false informat my children may lose meal benefits, and I may be prosecuted					
deductions) in whole dollars earned by all students listed in				y perioc	d in the "Ho	w	ć					under applicable state and federal laws.					
Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Mo							Ş					Signature of adult completing this application:					
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. income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising)												Print Name:					
Enter the appropriate pay period in the "How Often" box:												Finit Name.					
Print the name of ALL OTHER Household Members			How		Assistance/		How			tirement/	How						
(First and Last)			n Work Often Child Support/Alimony Often						All Other Income Often			Date:	Phon	e Number:			
Ś								5									
~ 				,				,				Mailing Addres	is:				
\$				\$				\$									
\$				\$				\$				City:		State:	Zip:		
s				5				\$									
C. Total Household Members D. Enter the	laat faur di	cite of Cosial	Coouriture		(CCNI) from			·		Check th	e boy if	E-mail:					
(Children and Adults)		•								NO SSN							
			autitiou	,enoia i				_		100 3310							
DO NOT COMP	LETE. SCH	IOOL USE (ONLY														
How Often? U Weekly Bi-Weekly Twice a Month Monthly Yearly						ousehold Income				OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES We are required to ask for information about your children's race and ethnicity. This							
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12 \$										information is important and helps to make sure we are fully serving our community.							
Total Household Size Eligibility Status: Free Reduced-price Paid (Denied) Categorian						gorical				Responding to this section is optional and does not affect your children's eligibility for							
					ror Prone					free or reduced-price meals.							
Determining Official's Signature:					Date:					Ethnicity (check one):							
					Date.	Date.				Hispanic or Latino Not Hispanic or Latino							
Confirming Official's Signature:					Date:	Date:				Race (check one or more):							
Verifying Official's Signatures					Data	Data				American Indian or Alaskan Native Asian Black or African American							
Verifying Official's Signature:					Date:] Native	Hawaiian or	iian or other Pacific Islander 🛛 🗍 White					

Dear Parent or Guardian:

The Academy for Academic Excellence participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.15. Eligible students may receive meals free of charge or at the reduced-price rate of \$0.40 for lunch. 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.LCER.ORG and visit the Nutrition/Wellness link.

Effective July 1, 2017–June 30, 2018									
Household	Year	Month	Twice	Every Two	Week				
size			per	Weeks					
			Month						
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430				
2	30,044	2.504	1,252	1,156	578				
2	50,044	2,304	1,252	1,150	576				
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				
	C0.070	F 000	0.544	0.040	4 470				
6	60,976	5,082	2,541	2,346	1,173				
7	68,709	5,726	2,863	2,643	1,322				
· ·	00,100	0,120	2,000	2,010	1,022				
8	76,442	6,371	3,186	2,941	1,471				
For each additional family member, add:									
	¢ 7 722	\$ 645	\$ 323	\$ 298	\$ 149				
	\$ 7,733	φ 045	φ 323	φ 290	φ 149				

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.

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

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS 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 760-810-5720

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: Veronica Calderon, 17500 Mana Rd, Apple Valley, CA 92307 760-946-5414 ext.229 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, 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 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.

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 Academy for Academic Excellence. 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 Veronica Calderon at 760-946-5414 ext. 229

SUBMIT: Please submit a complete application to your child's school or the nutrition office email at vcalderon@lcer.org. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,

Veronica Calderon, GA Generalist II, Nutritional Services