



# El Segundo Unified School District

641 SHELDON STREET  
 EL SEGUNDO, CALIFORNIA 90245  
 (310) 615-2650

## Food Services Department

### 2016-17 Free and Reduced Meal Application Instructions

If you have any questions or need help filling out the application, please contact Toni Lipscomb at 310-615-2650 X1237.

New applications for 2016-17 can be completed and dropped off at the district office or any school or cafeteria after August 1, 2016 and throughout the year. Applications that can be downloaded are included in your registration packet or are available on the ESUSD website: <http://www.elsegundousd.net/> under Food Services Department. Printed forms are available after August 1<sup>st</sup> in the District Office Lobby at 641 Sheldon Street, during normal business hours.

*Eligibility from the previous school year will continue for up to 30 operating days into the new school year (October 3<sup>rd</sup>). Please allow time to process your new application. Once the grace period ends, unless the household has been notified that their children are approved for Free or Reduced Meals, the children must pay full price for school meals.*

- Submit only one (1) Application per Household (family).
- The sooner your completed application is processed, the sooner your benefits will be available.
- Incomplete applications will be returned.
- List **ALL** adults in the household, even if they do not have income, and **ALL** children in the household, whether they are in school or not, **on one application**.
- Sign, date and write the last 4 digits of your social security number. If you do not have a social security number, be sure to check the box certifying that you don't have a social security number.
- Please be sure to pack your student a lunch or provide them with cafeteria money until you have received notification of approval in the program.

If you do not receive a letter with 10 days of submitting the application stating that your application has been processed, it is the parent/guardian's responsibility to call the Food Services Department for assistance.

#### 2016-17 Free Eligibility Scale

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 family member, add:					
	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104

#### 2016-17 Reduced-Price Eligibility Scale

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1235	1140	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	1012
6	60,273	5,023	2,512	2,319	1160
7	67,951	5,663	2,832	2,614	1307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:					
	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

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 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 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)**

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **foster care, Head Start, or Kin-GAP** and children who meet the definition of **homeless, migrant, or runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Foster Child	Homeless, Migrant, Runaway, Head Start	Kin-GAP Case Number
			Yes	No			
			<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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check all that apply

**STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?**

If **YES** > Check the applicable program box, enter the case number, and then go to **STEP 4 (Do not complete STEP 3)**  CalFresh  CalWORKs  FDIPIR **Case Number:** \_\_\_\_\_  
 If **NO** > Complete **STEP 3** Write only one case number in this space.

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Total Child income \$ \_\_\_\_\_

How often?  Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
List all household members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (From STEP 1 and STEP 3) \_\_\_\_\_

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household         Check box if no SSN →

**STEP 4 Contact Information and 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."

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and/or E-mail (optional) \_\_\_\_\_ Printed Name of Adult Completing this Form \_\_\_\_\_ Signature of Adult Completing this Form \_\_\_\_\_ Today's Date \_\_\_\_\_

**OPTIONAL Children's Racial and Ethnic Identities** **The USDA and the CDE are equal opportunity providers and employers.**

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):**  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or other Pacific Islander  White

**DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.**

Total Household Members (From STEP 1 and STEP 3) _____ Total Household Income _____ Annual Income Conversion Weekly x52   Bi-Weekly x26   Twice Per Month x24   Monthly x12	Approved as: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied Reason: _____	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Head Start <input type="checkbox"/> Migrant <input type="checkbox"/> Kin-GAP <input type="checkbox"/> Runaway	<input type="checkbox"/> Incomplete <input type="checkbox"/> Error Prone
	Determining Official _____ Date _____	Confirming Official _____ Date _____	Verifying Official _____ Date _____