



# SCOTT VALLEY UNIFIED SCHOOL DISTRICT

ENSURING HIGH LEVELS OF LEARNING FOR ALL STUDENTS

August, 2019

**RE: Your Student's Fair Share**

Dear Parents, Guardians, or Head of Household:

Each school year, the Scott Valley Unified School District issues the Free and Reduced Lunch Application to assist qualifying families in the cost of breakfast and lunch for their students. Enclosed you will find the 2019-2020 application. Please note that due to changes in the State formula on how tax dollars are allocated to school districts, funding to schools is highly dependent on the number of students qualifying for free and reduced priced meals. **Please help us secure as much funding as is owed to the students of Scott Valley by submitting an application. It is helpful if you complete an application even if your children do not eat school meals. If you are not eligible or do not wish to complete an application, simply fill in the statement below.** Completed forms are CONFIDENTIAL and are kept in a secure file.

**What do I need to do?**

- 1) Read through the attached materials
- 2) Fill out only one application form per household listing all children even if they don't attend Scott Valley schools
  - Step 1: List ALL children in the household and the school they attend and check applicable box for status*
  - Step 2: Mark any assistance programs and enter the case number.*
  - Step 3: Report income for all household members unless answered yes in Step 2*
    - a. *-Fill in any student income*
    - b. *-list all other household members and income in the appropriate column*
  - Note: Complete items C and D (Only the last four digits of your social security number are required)*
  - Step 4: Sign Application and fill in ALL information.*
  - Please be sure to fill out the form completely*
  - ASAP return your completed application in the enclosed pre-addressed envelope***
- 3) Questions? Call School Site Secretary or Brenda Johnson at 530-468-2412 ext. 6009

**Another important item:**

If you do receive CalFresh, CalWorks, or other benefits, it is important to make sure that the benefit agency and school district have the same mailing address.

Sincerely,

*Marie Caldwell*

Marie Caldwell, Superintendent

Thank you for your assistance to ensure the district has the necessary information for the children in your household.

Please complete this section and return this page to your School Secretary or the District Office if you know your income exceeds the guidelines for free or reduced price meals or if you are opting to not complete an application:

**I will not be completing the 2019-2020 Application for Free and Reduced-Priced Meals**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**List all students in your household:** \_\_\_\_\_



**School Year 2019-2020 Scott Valley 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 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) <b>EXAMPLE: Joseph P Adams</b>	Enter school name and grade level <b>Lincoln Elementary</b>	Enter student's birthdate <b>12-15-2010</b>	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
			Foster	Homeless	Migrant	Runaway
			<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 – ASSISTANCE PROGRAMS: CalFresh, CalWORKS, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKS or FDIPIR? 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.

Select Program Type:  
 CalFresh  CalWORKS  FDIPIR

Enter Case Number: \_\_\_\_\_

**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

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work		Public Assistance/SSI/Child Support/Alimony		Pensions/Retirement/All Other Income		Total Student Income	How Often
	How Often	Amount	How Often	Amount	How Often	Amount		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		

**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		Public Assistance/SSI/Child Support/Alimony		Pensions/Retirement/All Other Income		Total Household Income	How Often
	How Often	Amount	How Often	Amount	How Often	Amount		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		
		\$		\$		\$		

**C. Total Household Members (Children and Adults)**  **D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member**     **Check the box if NO SSN**

**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?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size:  Free  Reduced-price  Paid (Denied)  Categorical  Error Prone

Verified as:  Homeless  Migrant  Runaway

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Ethnicity (check one):  
 Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  
 American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White



## SCOTT VALLEY UNIFIED SCHOOL DISTRICT

# JOIN THE "YOUR CHILD'S FAIR SHARE" CAMPAIGN!

### **DID YOU KNOW?**

Effective July 1, 2013, the State of California reformulated the way school districts receive tax dollars to educate the students within their district. A component of the new formula provides additional dollars to districts based on their percentage of students who qualify for free and reduced-priced meals. The higher the percentage, the more tax dollars will be sent to Scott Valley schools to better serve *all* Scott Valley students.

### **WHAT IS THE CAMPAIGN ABOUT?**

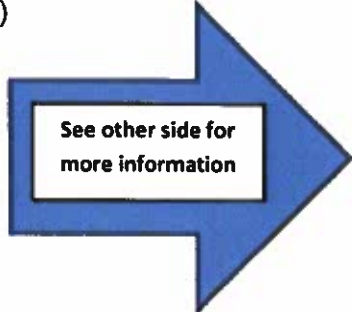
For the development of SVUSD's Budget, a Local Control Accountability Plan is developed annually with input from a stakeholder committee comprised of district administrators, teachers, classified staff, parents, students and community members. As part of this process, a plan was developed to campaign for each household in the district to either complete an application or provide a statement that their household does not qualify or is choosing to not fill out the form. This is the only way the district can assess if all necessary data is being assembled to insure we are collecting the tax dollars intended for our students' education. ***Please help us secure as much funding as is owed to the students of Scott Valley by submitting an application or completing the bottom of the attached page and returning it.***

### **WHAT IS MEANT BY "YOUR CHILD'S FAIR SHARE?"**

First, completing the Application for Free and Reduced-Price Meals will determine if your child is entitled to tax dollars that will support the cost of meals provided to them for free or at a reduced price. Secondly, based on the percentage of qualifying students, an added percentage of funding is provided to school districts to support instruction and services. These funds will go toward much needed improvements and programs such as technology devices and instruction, increased services to low performing students and aide time in the classroom.

### **WHAT KIND OF FUNDING WILL THIS AFFECT?**

- Supplemental and Concentration Grants (added funding to the Local Control Funding Formula for the percentage of students that qualify for free or reduced-priced meals)
- E-Rate Technology Funding
- Title I Funding
- Possible grant funding available to districts that qualify



See other side for  
more information

## **WHO WILL SEE THIS FORM?**

This form is only seen by a designated school official. This information WILL NOT be sent to any other agency. Your application and information is kept strictly confidential. The program requires a new application to be completed each school year.

## **HOW DO I KNOW IF I AM ELIGIBLE?**

If you are receiving CalWorks, CalFresh or FDPIR (Food Distribution Program on Indian Reservations) benefits **OR** your total household income is the same or less than the amounts listed on the applications income scale, your child may receive meals free or at a reduced price. Household size means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. After you apply, a review will be conducted by a confidential school official and you will be notified once your child's application has been approved.

## **IMPORTANT NOTE IF YOU ARE RECEIVING CALWORKS, CALFRESH, OR FDPIR BENEFITS**

If you are receiving these benefits then please be sure the benefit agency and school district have the same mailing address.

## **IF I AM NOT ELIGIBLE (MY INCOME EXCEEDS THE GUIDELINES FOR FREE AND REDUCED MEALS), OR I AM CHOOSING NOT TO FILL OUT THE APPLICATION, WHAT DO I DO?**

Simply fill out the bottom of the attached letter including the names of all students in your household who attend the Scott Valley Unified School District, sign and print name, enter date and return to your School Secretary or the District Office.

We will only need one application or one statement that you are not completing the application per household.

## **MORE QUESTIONS?**

Please contact Brenda Johnson at 530-468-2412 Ext. 6009.

## **NEED ASSISTANCE COMPLETING THE FORM?**

Contact any of the following district resources for assistance:

Fort Jones Elementary School – Savanna Eastlick (530) 468-2412

Etna Elementary School – Jenna Ruggles (530) 467-3320

Scott Valley Junior High or Scott Valley Community Day School – Michele Johnson (530) 468-5565

Etna High School – Manu Iannios (530) 467-3244

Scott River High School– Crasandra Shelton (530) 467-5279

Or

Scott Valley Family Resource Center – (530) 468-2450

## Pricing Letter to Household and Instructions

Dear Parent or Guardian:

The Scott Valley Unified School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$2.00 at Elementary schools and \$3.00 at SVJH, EHS, and SVCDS and breakfast for \$1.25 at Elementary schools and \$1.75 at SVJH, EHS, and SVCDS. Eligible students may receive meals free of charge or at the reduced-price rate of .40 for lunch and .30 for breakfast. You or your children do not have to be United States 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.

### LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

#### 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.

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,107	\$1,926	\$963	\$ 889	\$ 445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$ 1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$ 1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$ 1,546

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
For each additional family member add	\$8,177	\$ 682	\$ 341	\$ 315	\$ 158

#### 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 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, AND 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 Michele Johnson for assistance at 530-468-5565 or [mjohnson@svusd.us](mailto:mjohnson@svusd.us) or for HeadStart contact Siskiyou Early Head Start at 530-842-8437.

#### 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 to the following: Superintendent, SVUSD, PO Box 687, Fort Jones, CA 96032 or 530-468-2727.

#### 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 a reminder or expired eligibility notices.

#### NONDISCRIMINATION 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, audiotope, 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](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 the 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: 202-690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

#### 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.

- 1. STUDENT INFORMATION**—Include all students who attend Scott Valley 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.
- 2. ASSISTANCE PROGRAMS**—If any household member (child or adult) participates in CalFresh, CalWORKs, 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.

- 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 nonfoster 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.

- 4. CONTACT INFORMATION AND 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 SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or FDIPIR case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have an SSN by selecting the checkbox. 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 OR ASSISTANCE

Please contact School Site Secretary or Brenda Johnson at 530-468-2412 ext. 6009

#### SUBMIT

Please submit a complete application to your child's school or the district office at 11918 Main St., Fort Jones. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,

Scott Valley Unified School District