

Dear Parent/Guardian:

As a District, we are required by the State of California to provide this notification to all families.

Children need healthy meals to learn. For the 2022-23 school year, we are pleased to announce that Hillsborough City School District will have a new meal provider, Nob Hill Catering, Inc, dba The Lunch Master. Breakfast and lunch will be free to all students who request it by pre-ordering. However, it is mandatory that all eligible households fill out the Free Meal Application. An approved application will qualify the students for additional academic support both in school and through expanded learning during non-school hours. It also allows the district to receive related funding for such additional services. Below are some common questions and answers to help you determine if you are eligible to receive these benefits. If you are not sure if you are eligible, please fill out the application so that eligibility can be determined.

I. WHO SHOULD COMPLETE THE APPLICATION FORM?

- All children in households receiving benefits from SNAP, FDPIR or TANF, are eligible for free meals and do not need to complete an application.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Please complete an application, checking the appropriate box.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free lunches. Please complete an application, checking the appropriate box.
- Children may also qualify for benefits if your household's income is within the limits on the Federal Income Eligibility Guidelines. Please complete an application and provide the requested information and documentation.

INCOME ELIGIBILITY GUIDELINES

July 1, 2022 – June 30, 2023

# in Household	Year	Month	Twice / Month	Every Two Weeks	Weekly
1	\$17,667	\$1,473	\$ 737	\$ 680	\$ 340
2	\$23,803	\$1,984	\$ 992	\$ 916	\$ 458
3	\$29,939	\$2,495	\$1,248	\$1,152	\$ 576
4	\$36,075	\$3,007	\$1,504	\$1,388	\$ 694
5	\$42,211	\$3,518	\$1,759	\$1,624	\$ 812
6	\$48,347	\$4,029	\$2,271	\$2,096	\$1,048
For each additional family member add	\$ 6,136	\$ 512	\$ 256	\$ 236	\$ 118

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free lunches, please contact Vicky Cheung at (650) 548-3316 or wcheung@hcsdk8.org

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Hillsborough City School District, 300 El Cerrito Avenue, Hillsborough, CA 94010

4. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

5. I RECEIVE WIC BENEFITS. CAN MY CHILDREN RECEIVE OTHER BENEFITS?

Children in households participating in WIC may be eligible for additional academic support both in school and through expanded learning during non-school hours. Please complete an application.

6. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free meals if the household income drops below the income limit. Remember, an approved application will qualify the students for additional academic support both in school and through expanded learning during non-school hours.

7. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for these benefits.

8. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

Please list the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally earn overtime, include it, but do not include it if you only work overtime some of the time. If you have lost a job or had your hours or wages reduced, use your current income.

9. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

10. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

11. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper, and attach it to your application. Contact Vicky Cheung at (650) 548-3316 or wcheung@hcsdk8.org receive a second application.

12. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for SNAP or other assistance benefits, contact your local assistance office.

If you have other questions, please email me at wcheung@hcsdk8.org Sincerely,



Vicky Cheung

HCS D Food Services & Business Specialist

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 Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

BOARD OF EDUCATION

An Huang Chen, Gregory J. Dannis, Don Geddis, Kim Oliff, Gilbert Wai

SUPERINTENDENT

Louann Carlomagno, Ed.D.



Hillsborough City School District Application for Free 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 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)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.				
	EXAMPLE: Joseph P Adams	Lincoln Elementary		1st	12-15-2010	Foster	Homeless	Migrant
					<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: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number: _____
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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	Total Student Income	How Often
	\$ _____	_____

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	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often
	\$ _____	_____	\$ _____	_____	\$ _____	_____
	\$ _____	_____	\$ _____	_____	\$ _____	_____
	\$ _____	_____	\$ _____	_____	\$ _____	_____
	\$ _____	_____	\$ _____	_____	\$ _____	_____

C. Total Household Members (Children and Adults) <input type="text"/> <input type="text"/>	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Check the box if NO SSN <input type="checkbox"/>
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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? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	Total Household Income \$ _____
Total Household Size: <input type="text"/> <input type="text"/> Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
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): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White