

**HERMOSA BEACH CITY SCHOOL DISTRICT**

**Pricing Letter - Meals**

**LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL BREAKFAST PROGRAM FOR 2009-2010 SCHOOL YEAR**

Dear Parent or Guardian:

The Hermosa Beach City School District takes part in the National School Lunch and Breakfast Programs. Meals are served every school day. Students may buy lunch for \$ 3.50 and/or breakfast for \$ N/A of \_\_\_\_\_. Eligible students may receive meals free or at a reduced price for breakfast. Students may buy milk for \$ .25 for lunch and/or \$ N/A

- If you now receive Food Stamp, 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. Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, and utility bills.
- 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. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

**HOW TO APPLY**

Complete and sign the attached **Application for Free and Reduced-Price Meals or Free Milk**, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

**FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS** — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

**FOSTER CARE CHILDREN or CHILDREN PLACED IN**

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number

An application must be completed, with all household members and incomes listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

**OUT-OF-HOME CARE** — Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court**. Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

**ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.)** — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

**INCOME ELIGIBILITY GUIDELINES**

| Household Size                          | July 1, 2009 |          | June 30, 2010   |                 |        |
|---|--------------|----------|-----------------|-----------------|--------|
|   | Year         | Month    | Twice Per Month | Every Two Weeks | Week   |
| 1*                                      | \$ 20,036    | \$ 1,670 | \$ 835          | \$ 771          | \$ 386 |
| 2                                       | 26,955       | 2,247    | 1,124           | 1,037           | 519    |
| 3                                       | 33,874       | 2,823    | 1,412           | 1,303           | 652    |
| 4                                       | 40,793       | 3,400    | 1,700           | 1,569           | 785    |
| 5                                       | 47,712       | 3,976    | 1,988           | 1,836           | 918    |
| 6                                       | 54,631       | 4,553    | 2,277           | 2,102           | 1,051  |
| 7                                       | 61,550       | 5,130    | 2,565           | 2,368           | 1,184  |
| 8                                       | 68,469       | 5,706    | 2,853           | 2,634           | 1,317  |
| For each additional family member, add: |              |          |                 |                 |        |
|   | \$ 6,919     | \$ 577   | \$ 289          | \$ 267          | \$ 134 |

An adult household member must sign the application.  
 \* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

**CURRENT INCOME**—The amount of income each household member received **last month**, before taxes or anything else is taken out, **and** where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

| <b>INCOME TO REPORT</b>  |   |  |  |
|--|---|--|--|
| <b>EARNINGS<br/>FROM WORK</b>  | <b>WELFARE<br/>CHILD SUPPORT<br/>ALIMONY</b>                                      | <b>PENSIONS<br/>RETIREMENT<br/>SOCIAL SECURITY</b>   | <b>OTHER<br/>INCOME</b>  |
| Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm | Public assistance payments, welfare payments, alimony, and child support payments | Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives) | 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 other income |

**FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)** —

Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program **or** the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

**SOCIAL SECURITY NUMBER** — The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a Social Security number is **not** required.

**APPLYING FOR BENEFITS** — You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

**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 prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

**MEALS FOR DISABLED** — If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal.

**WIC PARTICIPANTS** — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child **may** be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

**NONDISCRIMINATION** — Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

**FAIR HEARING** — If you do not agree with the school's decision regarding your application 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:

NAME: Bruce Newlin, Superintendent

ADDRESS: 1645 Valley Dr.  
Hermosa Beach, CA 90254

TELEPHONE: 310-937-5877

**CONFIDENTIALITY** — Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact:

NAME: Angela Jones, Business Manager

ADDRESS: 1645 Valley Dr.  
Hermosa Beach, CA 90254

TELEPHONE: 310-937-5877

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

**Sincerely,**