



# HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

Food & Nutrition Services

14325 Goldenwest Avenue • Westminster, California 92683

(714) 894-1698 FAX (714) 894-8198

Lauren L. Teng, Administrator - Food & Nutrition Services

July 2017

Dear Parent/Guardian:

Children need healthy meals to learn. **Huntington Beach Union High School District** offers healthy meals every school day. Breakfast prices of no more than \$2.00; lunch prices of no more than \$4.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Beverages and snack items are also offered to supplement lunches brought from home. Meals may be paid for daily or paid in advance by using the eFunds for Schools link found under Food & Nutrition Services at the HBUHSD internet site: [hbuhd.edu](http://hbuhd.edu)

**This district participates in Direct Certification:** In a school participating in a meal program, your child is automatically certified to receive free meals, if your household currently receives CalFresh, or if your child receives California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits. If you are not contacted by September 10, 2017 but think your child(ren) is/are eligible for free meals, please contact the school. You may need to complete an application. (See "Instructions for Applying for Free and Reduced Meals")

- 1. Should I complete one application for the entire household?** Yes. Complete one household application to apply for free or reduced price meals. An application must be complete in order to be approved. Return the application to the School Administrative Office or the above address.  
LAST YEARS'S APPROVAL IS GOOD FOR THE FIRST TWO WEEKS OF SCHOOL.
- 2. Who can get free meals?** Children in households getting CalFresh, CalWORKS, or FDPIR benefits. List each child's name, school, school ID#, and your CalFresh, CalWORKS, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.** Foster children can get free meals regardless of your income. Also, your child(ren) can get free meals if your household income is within the free limits on the Federal Income Guidelines. See instructions.
- 3. Can homeless, runaway and migrant children get free meals?** Please call the District's Homeless Liaison, Elena Inurreta, at (714) 893-1381, extension 4441 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 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 the school year and for the first few days of this 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. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the Food & Nutrition Service at (714) 894-1698, if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting CalFresh, CalWORKS, FDPIR or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Carrie Delgado, Assistant Superintendent, 5832 Bolsa Avenue, Huntington Beach, CA 92649. Phone (714) 903-7000
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. My family needs more help. Are there other programs we might apply for?** To find out how to apply for CalFresh or other assistance benefits, contact your local assistance office.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. Combat pay received in addition to basic pay because of deployment is also not counted as income.
- 14. 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 zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so.

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

If you have other questions or need help, call: **Food and Nutrition Services (714) 894-1698.**

Sincerely,

Lauren Teng  
Administrator, Food and Nutrition Services

*Our mission is to ensure all students learn and achieve to their maximum potential in a supportive and innovative environment that develops creative, responsible and productive individuals prepared to meet the challenges of the future.*

## INCOME ELIGIBILITY GUIDELINES

July 1, 2017 - June 30, 2018

Household size	YEAR	MONTH	Twice per month	Every two weeks	WEEK
<b>1*</b>	\$22,311	\$1,860	\$930	\$859	\$430
<b>2</b>	\$30,044	\$2,504	\$1,252	\$1,156	\$578
<b>3</b>	\$37,777	\$3,149	\$1,575	\$1,453	\$727
<b>4</b>	\$45,510	\$3,793	\$1,897	\$1,751	\$876
<b>5</b>	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
<b>6</b>	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
<b>7</b>	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
<b>8</b>	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
For each additional family member, add:					
	\$7,733	\$645	\$323	\$298	\$149

\*A household of one means a child who is his/her own sole support.

Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution, but who are living as one economic unit sharing housing and all significant income and expenses.

This scale does not apply to households that receive CalFresh, or FDPIR benefits, children who are recipients of CALWORKS or Foster Children. These children are automatically eligible for meal benefits.

If your household income is the same or less than the amounts on the income scale above, your child(ren) may receive meals free or meals at a reduced price.

**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 meal.

### Non Discrimination Statement

In accordance with the 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, nation of origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the 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 form, call (866) 632-9992. Submit your completed form or letter to USDA by mail. U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, DC 20250-9410 Fax (202) 690-7442, or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Complete and sign the attached Household Application for Free and Reduced-Price Meals** 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.**

Read the **INSTRUCTIONS FOR APPLYING FOR FREE AND REDUCED-PRICE MEALS 2017-2018** thoroughly. **You will be notified by the school when your application has been approved or denied for free or reduced-price meals.**

**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(rens)'s eligibility to receive free or reduced-price meals.

**NON DISCRIMINATION** 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.

### HELP WANTED-FOOD SERVICE ASSISTANTS

Positions are available during serving hours (perfect for those who want part-time employment).

Great pay per hour. Applicants must pass a physical (paid by the district) and possess a Social Security card prior to employment.

Apply Online at: [www.edjoin.org](http://www.edjoin.org)

### STUDENT WORKERS

Positions are available for students averaging 2 hours to 4 hours per week. Students must

see a Food & Nutrition Services Manager at the cafeteria in order to obtain a Student Application Packet.

# Household Application for Meal Benefits **Huntington Beach Union HS District** 17-18

## USE BLACK INK ONLY FOR SCANNING PURPOSES-READ INSTRUCTIONS BEFORE COMPLETING FORM

**Complete 1 Application per Household**

Return completed application to your school. You will delay processing if you do not send a completed application.

If Student is Homeless, Migrant, or Runaway - SEE INSTRUCTIONS PAGE FOR REFERRAL  
List **ALL** children **AND** **ALL** household members on this application.

**CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**  
Choose one ethnicity: Choose one or more (regardless of ethnicity):

- Hispanic/Latino
- Not Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

NEW TO DISTRICT

NEW TO MEAL PROGRAM

**1**

STUDENT NUMBER	First Name	MI	Last Name	Birthdate (Optional)	School Location Number	Grade	Check if		Student Income from Work / Other: "0" if None	Check Box for Foster Child	CalFresh / CalWorks and FOPJR Case Number for EACH Student
							No Income	Income			

**2**

PRINT FIRST AND LAST NAMES OF ALL ADULTS AND CHILDREN AND THEIR INCOME

### How much do you receive before taxes and deductions? How often are you paid?

	Income From Work		Child Support, Alimony, Welfare		Social Security, Pension		All Other Income	
If No Income, Put "0" in the Income box. Income from WORK is GROSS Income, NOT what you take home	Check if No Income		Check if No Income		Check if No Income		Check if No Income	
INSTALL	<input type="checkbox"/>	Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>
MEMBERS NOT	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>
MEMBERS ABOVE	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Other WK <input type="checkbox"/> Twice A Month <input type="checkbox"/>

**3**

**TOTAL HOUSEHOLD MEMBERS: Add the names listed in Parts 1 and 2**

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds; that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of adult household member completing this form: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of adult household member completing this form: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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.

If you do not have a Social Security Number check this box  (Please refer to the Privacy Act on the back of this form)

## HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

INSTRUCTIONS FOR APPLYING FOR FREE AND REDUCED-PRICE MEALS 2017-2018

School Location Number: HBHS = 001, WHS = 002, MHS = 003, FVHS = 004, EHS = 005, OVHS = 006, ATP = 007, CHS = 008, VVHS = 009

Let us know if your family is New to the District or New to the Meal Program by checking the box on this application.

**If your household gets CalFresh, CalWORKS, FDPIR, or your children are Foster Children follow these instructions:**

If your household receives CalFresh, or if your child receives CalWORKS or FDPIR benefits, **YOU MAY NOT NEED TO COMPLETE A MEAL APPLICATION.** School officials will notify you of your child(ren)'s eligibility for free meals. If you are not contacted by September 10, 2017 but think your child(ren) is/are eligible for free meals, complete an application.

Part 1: List child(ren)'s student ID #, name, grade, School Location Number, check box for Foster Child, and a CalFresh, CalWorks, or FDPIR case number, Part 2: Skip this part.  
Part 3: Sign the form and date and fill in other information, address, phone, etc. The last four digits of a Social Security Number are not necessary.

For a child who is HOMELESS, MIGRANT or RUNAWAY. Circle the appropriate status Homeless, Migrant or Runaway and contact your District's Homeless Liaison, Elena Inurreta at (714) 893-1381, extension 444. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

**ALL OTHER HOUSEHOLDS, including WIC households, and low income households follow these instructions:**

**Part 1:** List all children attending Huntington Beach Union High School District: student ID #, name, birth date, grade and School Location Number and Income from work or other sources.

**Part 2:** Follow these instructions to report total household income from last month.

**Column 1—Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). List all adult household members and children regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual, monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

**Column 2—Check if no income:** However, any income field left blank indicates that there is no income to report for that household member.

**Column 3—Income from Work: Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Income from work:* List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, check how often the person got it (weekly, every other week, twice a month, or monthly). **Column 4-Child Support, Alimony, Welfare:** List the amount each person got last month from welfare, child support, alimony.

**Column 5-Social Security, Retirement, Pension:** List the amount each person received from pensions, retirement, Social Security

**Column 6- All Other Income:** In this column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. Do not include income benefits from CalFresh, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the Military Housing Privatization Initiative or got Combat Pay do not include these allowances as income.

**Part 3:** An adult household member must list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

An adult household member must sign and date the form and fill in other information, address, phone, etc.

**YOU WILL BE NOTIFIED BY THE SCHOOL WHEN YOUR APPLICATION HAS BEEN APPROVED OR DENIED.**

**ALL HOUSEHOLDS: READ THIS SECTION**

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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.