

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the Application for Free and Reduced-Price Meals. You only need to submit **one** application per household, even if your children attend more than one school in **Brentwood Union School District**. The application must be filled out completely to certify your children for free or reduced-price meals. (High School Students will need to have an application filled out at their School District also)

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact the **Food Service Dept. (925)513-6338**

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income
- Students, regardless of age
- In your care under a foster arrangement, or qualify as homeless, migrant or runaway

- A. List each child's name.** For each child, print clearly their first name, middle initial and last name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all the required information for the additional children.
- B. Is the child a student at Brentwood Union School District TK – 8th grade?** Check 'Yes' or 'No' under the column titled "BUSD Student" to tell us which children attend our schools. Then write name of school, grade and BUSD student id number.
- C. Do you have any foster children?** If any children listed are court appointed foster children, check the "Foster Child" box next to the child's name. We will verify with your Child's school if there are court papers on file. If you are **only** applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If applying for both Foster & Non Foster children, go to STEP 3.
- D. Are any children homeless, migrant or runaway?** If you believe any child listed in this section may meet this description, please check the "Homeless, Migrant, or Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOURSELF) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS?

If anyone in your household participates in one of the eligible assistance programs listed below, your children are eligible for free school meals:

- **CalFresh** – federally known as the Supplemental Nutrition Assistance Program (SNAP). Link: www.benefitscal.org/
- **CalWORKs** -California Work Opportunity and Responsibility to Kids. Link: www.coveredca.com/apply/
- **FDPIR** -The Food Distribution Program on Indian Reservations. Link: www.fns.usda.gov/fdpir/fdpir-contacts

A. IF YES:

- Check the applicable program box
- Enter the case number. You must provide an acceptable case number on your application to be processed without any delay. If you participate in one of these programs and do not know your case number, contact your local agency. <https://www.mybenefitscalwin.org/> 1-(877) 505-4630
- Go to STEP 4

IF NO:

- Leave STEP 2 blank
- Go to STEP 3 on the application and follow the instructions from STEP 3

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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A. **Report all income earned by children.** Refer to the chart below titled “Sources of Income for Children” in these instructions and report the combined gross income for **ALL** children listed in STEP 1 in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
Earnings from work	A child has a job where they earn a salary or wages.
Social Security Disability payments Survivor’s benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from persons outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do **not** include people who:

- Live with you, but are not supported by your household’s income **and** do not contribute income to your household.
- Children and students already listed in STEP 1

FOR EACH TYPE OF INCOME:

How do I fill in the income amount and source?

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total “gross” amount. Make sure that the income you report on this application has **NOT** been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any income fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials possess or have access to information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B. **List adult household member’s name.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C. **Report earnings from work.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

- D. **Report income from public assistance, child support, alimony.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal, but regular payments should be reported as “other” income in the next part.
- E. **Report income from pensions, retirement, S.S. /all other income.** Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.
- F. **Report total household size.** Enter the total number of household members in the field “Total Household Members.” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. **It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.**
- G. **Provide the last four digits of your Social Security number.** The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members has a SSN, leave this space blank and check the box to the right labeled “Check if no SSN.”

Sources of Income for Adults		
Earnings from Work	Public Assistance, Alimony, Child Support	Pensions, Retirement, S.S.I., All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please make sure you have read the privacy and civil rights statements.

- A. **Provide your contact information.** Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you. (example: Eligibility letter)
- B. **Sign and print your name.** Print your name in the box “Printed Name of Adult Completing the Form” and sign your name in the box “Signature of Adult Completing the Form.”
- C. **Write today’s date.** In the space provided, write today’s date in the box.
- D. **Share children’s racial and ethnic identities (optional).** This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.
- E. Mail or drop off completed Application to: **B.U.S.D. Food Services 255 Guthrie Lane, Brentwood, Ca. 94513** or bring to your child’s school cafeteria. **Do not** fax or email applications they will be invalid.

Earned Income Tax Credit Information Act:

Based on your annual earnings, you may be eligible to receive the **Earned Income Tax Credit from the Federal Government** (Federal EITC). The Federal EITC is a refundable federal income tax credits for low-income working individuals and families. The Federal EITC has no effect on certain welfare benefits. In most cases, Federal EITC payments will not be used to determine eligibility for Medicaid, Supplemental Security Income, food stamps, low-income housing, or most Temporary Assistance For Needy Families payments. Even if you do not owe federal taxes, you must file a federal tax return to receive the Federal EITC. Be sure to fill out the Federal EITC form in the Federal Income Tax Return Booklet. For information regarding your eligibility to receive the Federal EITC, including information on how to obtain the Internal Revenue Service (IRS) Notice 707 or any other necessary forms and instructions, contact the IRS by calling **1-800-829-3676** or through its Web site at www.irs.gov.

You may also be eligible to receive the **California Earned Income Tax Credit** (California EITC) starting with the calendar year 2015 tax year. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the Federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC Form (**FTB 3514**). For information the availability of the credit eligibility requirements and how to obtain the necessary California forms and get h help filing, contact the Franchise Tax Board at 1-800-852-5711 or through its Web site at www.ftb.ca.gov.

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), 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 reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination 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 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 (3) email: program.intake@usda.gov

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