


SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355 Ph (661)295-1574 Fax (661)295-0981

Dear Parent/Guardian:

Children need healthy meals to learn. **Santa Clarita Valley School Food Services Agency (SCVSFSA)** offers healthy meals every school day. Students may buy lunch for **\$3.00** and/or breakfast for **\$1.50**. Eligible students may receive meals free or at a reduced-price of **\$0.40** for lunch and/or **\$0.00** breakfast. Students may buy milk for \$0.50. *You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.*

Below are some common questions and answers to help determine your child's eligibility:

1. **DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?** No. **Use only one Application for Free and Reduced-Price Meals for all students in your household.** We cannot approve an application that is not complete, so be sure to complete all required information.
2. **WHO CAN RECEIVE FREE MEALS?** All children in households receiving benefits from **CALFRESH**, California Work Opportunity and Responsibility to Kids (**CalWORKs**), Food Distribution Program on Indian Reservations (**FDPIR**), or Kinship Guardianship Assistance and Payment (**KIN-GAP**) program can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the federal Income Eligibility Guidelines.
-  3. **IF YOU HAVE RECEIVED A NOTICE OF DIRECT CERTIFICATION** for free meals, **DO NOT** complete the application.
4. **CAN FOSTER CHILDREN RECEIVE FREE MEALS?** Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals, but their meal eligibility is not extended to other non-foster children living in the same household. Households with foster/non foster children are encouraged to complete an application since foster children may be counted as a household member, who may help the foster family's non-foster children qualify for free or reduced-price meals based on the household size and income.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A NEW ONE?** **YES**, if you want to participate in the meal program. Your child's application is only good for that school year and for the first few days of this school year. A new application is needed, unless the school told you that your child is eligible for free/reduced-price meals for the new school year.
6. **WILL THE INFORMATION I PROVIDE BE CHECKED?** Yes. We may also ask you to send in written proof of your income and the interval in which you receive it.
7. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?** You should talk to your school officials. You also may ask for a hearing by calling or writing to: **Lynnelle Grumbles, PhD, RDN, SNS, Chief Executive Officer, 25210 Anza Dr., Valencia, CA 91355; 661-295-1574 ext. 103**
8. **I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS; CAN MY CHILDREN RECEIVE FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
10. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made only \$900, state on the application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.
11. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children living with you.
12. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, you must include it as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay as income.

If you have any question or need help, call SCVSFSA, Lisett Celedon at 661-295-1574 ext. 108 866-224-2076 ext.108

www.scvschoolnutrition.org

Sincerely,

Dr. Lynnelle Grumbles
Chief Executive Officer

INSTRUCTIONS FOR APPLYING

WE DO NOT ACCEPT FAXED APPLICATIONS OR COPIES OF THE APPLICATION.

www.scvschoolnutrition.org

NOTE: HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU IF YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS, FOLLOW THESE INSTRUCTIONS:

SECTION A: List all household members and the name of each child's school.

List the case number for any household member (including adults) receiving **CALFRESH, CalWORKs, FDPIR, or KIN-GAP** benefits.

SECTION B: Skip this part.

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:

SECTION A: List all household members and the name of each child's school. If any child you are applying for is Homeless, Migrant, in Head Start, or a Runaway check the appropriate box and call your school, homeless liaison, or runaway, Head Start or migrant coordinator.

SECTION B: See instructions for All Other Households or Mark **\$0.00** if no income

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

IF YOU ARE APPLYING ON BEHALF OF A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

• If all children in the household are foster children:

SECTION A: List all foster children and the school name for each child. Check the box to indicate each foster child.

SECTION B: Skip this part.

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

• If some of the children in the household are foster children:

SECTION A: List all household members and the name of each child's school. For any person receiving no income, including children **you must write "0" if no income**. Check the box to indicate each foster child.

SECTION B: Complete only if a child in your household is not eligible under Section A – See instructions for All Other Households.

SECTION C: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).

SECTION D: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

SECTION A: List all household members and the name of each child's school. For any person receiving no income, including children, you must write \$ **0.00**

SECTION B: Follow these instructions to report total household income from this month or last month.

Name: List all household members.

Gross income: and how often it is received: For each household member with income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

Earnings from work: before deductions; be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.

Income received from welfare: Child support or alimony: List the amount each person received.

Income received from Social Security: Supplemental Security Income, veteran's benefits, retirement benefits, or disability benefits: List the amount each person received.

All other income: List Worker's Compensation, unemployment or strikes benefits, and any other income. Do not include benefits from SNAP, FDPIR or WIC, or federal education. For self-employed persons only: under Earnings from Work, report income after expenses. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

SECTION C: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

SECTION D: Answer this question if you choose.

Income Eligibility Guidelines

July 1, 2017–June 30, 2018

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	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 foster child, a child in out-of-home care, or a pupil who is his/her sole support

You will be notified by the school when your application has been Approved or denied for free or reduced-price meals.
Please retain the status letter for your records.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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