
DUNHAM CHARTER SCHOOL & DUNHAM ELEMENTARY SCHOOL

Dear Parent/Guardian:

Children need healthy meals to learn. **Dunham School** offers healthy meals every school day. Lunch costs **\$4.00**. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is **\$.40** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals 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: **Dunham School 4111 Roblar Road, 707-795-5050**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. **CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Lori Nommsen**, lnommsen@dunhamsd.k12.ca.us, or call **707-795-5050**.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get reduced price meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. Call the school at **707-795-5050** if you have questions.
7. **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 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.

8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. 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 and reduced price meals if the household income drops below the income limit.
11. 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: **Pam Kahl, 4111 Roblar Road, 707-792-5372, pkahl@dunhamsd.k12.ca.us**.
12. 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.
13. 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. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? 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 get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.

If you have other questions or need help, call 795-5050.

Sincerely,



Lori Nommsen

Complete one application per household. Please use a pen (not a pencil).
 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 serving lines, separate entrances, separate dining areas, or by any other means."

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in foster care, Head Start, or Kin-GAP and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Student? Yes No	Foster Child	Homeless, Runaway, Head Start	Kin-GAP Case Number
			<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"/>	

Check all that apply

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3) CalFresh CalWORKs FDIPIR Case Number: _____
 If NO > Complete STEP 3

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.
 Total Child Income: \$ _____

B. All Adult Household Members (including yourself)
 List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

Total Household Members (From STEP 1 and STEP 3) _____

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household Member: _____

Check box if no SSN

STEP 4 Contact Information and 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."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and/or E-mail (optional) _____

Printed Name of Adult Completing this Form _____ Signature of Adult Completing this Form _____ Today's Date _____

OPTIONAL Children's Racial and Ethnic Identities

The USDA and the CDE are equal opportunity providers and employers.

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):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

OPTIONAL Parent or guardian consent to information-sharing for CalFresh benefits—Pursuant to California Education Code 49558(d)

Upon consent, this application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

Student Name(s) – Print

← Check this box if you are the parent or guardian of every student listed in STEP 1 (on other side) to consent to sharing this application as stated above. Print and sign parent name and enter today's date.

Parent Name(s) – Print	Parent Name(s) – Signature	Date

DO NOT COMPLETE THE INFORMATION BELOW: IT IS FOR SCHOOL USE ONLY.

Enter the number of Total Household Members (From STEP 1 and STEP 3)

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Total Household Income

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How often? Weekly [] Bi-Weekly [] 2x-Monthly [] Monthly []

Annual Income Conversion:
 Weekly x52 | Bi-Weekly x26
 Twice Per Month x24 | Monthly x12

Approved as eligible for:

- Free
 - Reduced-Price
 - Denied (Paid)
- Reason: _____

Verified as:

- Homeless
- Migrant
- Runaway
- Head Start
- Kin-GAP

Incomplete

Error Prone

Determining Official	Date	Confirming Official	Date	Verifying Official	Date