

Dear Parent or Guardian:
The ~~Monrovia Unified School District~~ participates in the National School Lunch Program and School Breakfast Program. All ~~Monrovia Unified School District~~ students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are based on household income and eligibility. We are able to serve free meals because households continue to submit meal applications. Your cooperation is greatly appreciated. You or your children do not have to be U.S. citizens to qualify for free meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application at monrovia.k12ca.us.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS
VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKS, or FDIPIR benefits.
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.

Effective July 1, 2023 – June 30, 2024

Household Size	Annual	Monthly	Twice Monthly	Excess Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,058	\$519
2	\$36,480	\$3,040	\$1,520	\$1,406	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,155	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,433
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add:	\$9,509	\$793	\$397	\$366	\$183

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKS), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.
DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.
STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Monrovia Unified School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.
STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKS, or FDIPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter the case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.
- STEP 4: CONTACT INFORMATION & ADULT SIGNATURES –** The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.
- OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES –** This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes. If 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 are not required when you list a CalFresh, CalWORKS, or FDIPIR 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.
- QUESTIONS/NEED ASSISTANCE:** Please contact Kenneth Singleton at 626-471-2053.
- SUBMIT:** Please submit a complete application to your child's school or the Food Service Department at 325 E. Huntington Dr., Monrovia, CA 91016. You will be notified if your application is approved or denied for free or reduced-price meals. Sincerely, Kenneth Singleton

NON-DISCRIMINATION STATEMENT: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotype, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: 833-256-1665 or 202-690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Jessica Garcia at 626-471-2050 or jgarcia@monrovia.k12ca.us.
ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

TO FILE A PROGRAM DISCRIMINATION COMPLAINT: A Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: 833-256-1665 or 202-690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider.

2023 - 2024 MONROVIA UNIFIED SCHOOL DISTRICT Application for Free and Reduced-Price Meals

USE BLACK INK, PRINT NEATLY USING CAPITAL LETTERS. READ INSTRUCTIONS INCLUDED WITH THIS APPLICATION. INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL BE RETURNED TO YOU UNPROCESSED AND DELAY MEAL BENEFITS.

Step 1 List ALL household members who are infants, children and students up to and including grade 12.

Print the Child's First and Last Name, Grade and School. Mark the box if a student is a Court Appointed Foster Child or Homeless or Migrant or Runaway.

Table with columns: Child's First Name, Child's Last Name, Student? Yes/No, Grade, School Name, Court Appointed Foster Child, Homeless, Migrant, Runaway.

Step 2 Assistance Programs: CalFresh or CalWORKS

Do ANY household members (including yourself) currently participate in one of the above assistance programs? If NO, skip STEP 2 and complete STEP 3. If YES, do not complete STEP 3 and, enter one case number, and then go to STEP 4.

Case number input field with instruction: Write only one case number in this space.

Step 3 Report Income for All Household Members.

A. List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, report the total income from each source in whole dollars BEFORE TAXES AND DEDUCTIONS. If they do not receive income, write 0- or leave blank. If you enter 0- or leave any fields blank, you are certifying (promising) that there is no income to report.

Pay periods: W = Weekly, 2W = Every Two Weeks, M = Monthly, 2M = Twice a Month

Table for reporting income with columns: Name of ALL OTHER Household Members, Earnings from work, Public Assistance/SSI/Child Support/Alimony, Pensions/Retirement/All Other Income, How Often?

B. STUDENT INCOME: Sometimes students in the household earn income. Please include the total income earned by ALL STUDENTS IN STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W=Weekly, 2W=Every Two Weeks, M=Monthly, 2M=Twice a Month.

ENTER THE TOTAL HOUSEHOLD MEMBERS from STEP 1 and STEP 3. Last Four Digits of Social Security Number (SSN) or check the box if NO Social Security Number.

Children's Racial and Ethnic Identities. 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) and Race (check one or more) selection boxes.

This institution is an equal opportunity provider. 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 federal 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."

Step 4 Contact information and adult signature

"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."

Signature of Adult Completing Form, Today's Date, and ADULT SIGNATURE REQUIRED.

PRINT your information in the boxes below. Printed FIRST NAME of adult completing the form, Printed LAST NAME of adult completing the form.

Street Address, City, State, Zip Code, Apt #.

Email, Daytime Phone.