2026 - 2027 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.

Child's First Name	Childs Last Name	Student? Yes	Student? No	Grade	School Name	Court Appointed Foster Child	Homeless	Migrant	Runaway

Step 2 Assistance Programs: CalFresh, CalWORKS or FDPIR

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.

Write only one case number in this space.

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 3 Report Income for All Household Members.

A. List all household members not listed in Step 1 (including yourself) even if they do not received 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

Name of ALL OTHER Household Members (First and Last)	Earnings from work	How Often?	Public Assistance/SSI/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ All Other Income	How Often?
	$	W 2W M 2M	$	W 2W M 2M	$	W 2W M 2M
	$	W 2W M 2M	$	W 2W M 2M	$	W 2W M 2M
	$	W 2W M 2M	$	W 2W M 2M	$	W 2W M 2M
	$	W 2W M 2M	$	W 2W M 2M	$	W 2W M 2M
	$	W 2W M 2M	$	W 2W M 2M	$	W 2W M 2M

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.

$ W 2W M 2M

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 XXX-XX-____ **Check if no SSN**

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):
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 Pacific Islander | White

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."

ADULT SIGNATURE REQUIRED

M M D D Y Y — Today's Date

X — Signature of Adult Completing Form

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 | Apt #

City | State | Zip Code

Email

Daytime Phone

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 monroviaschools.net.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

Effective July 1, 2026 - June 30, 2027

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$ 29,526	$ 2,461	$ 1,231	$ 1,136	$ 568
2	$ 40,034	$ 3,337	$ 1,669	$ 1,540	$ 770
3	$ 50,542	$ 4,212	$ 2,106	$ 1,944	$ 972
4	$ 61,050	$ 5,088	$ 2,544	$ 2,349	$ 1,175
5	$ 71,558	$ 5,964	$ 2,982	$ 2,753	$ 1,377
6	$ 82,066	$ 6,839	$ 3,420	$ 3,157	$ 1,579
7	$ 92,574	$ 7,715	$ 3,858	$ 3,561	$ 1,781
8	$ 103,082	$ 8,591	$ 4,296	$ 3,965	$ 1,983
For each additional family member, add:	$ 10,508	$ 876	$ 438	$ 405	$ 203

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.

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 FDPIR 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.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 626-471-2049.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

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: James Drake at 626-471-2050 or jdrake@monroviaschools.net.

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.

Nondiscrimination 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, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027 (PDF), found online at How to File a Program Discrimination Complaint 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; or fax: 202-690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider.

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 FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one 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 SIGNATURE – 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.

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, 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 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.

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 W. Singleton