



## MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

The **Manhattan Beach Unified School District** participates in the National School Lunch Program. At designated school locations within the district, healthy lunches and/or breakfasts are served at no charge or low charge to each child every school day. The meal programs that we provide are supported by federal and state reimbursements that are based on household income and eligibility. We are able to serve meals at no charge or low charge at most of (or all of) our schools solely because households continue to submit meal applications. If you believe you may qualify for Free or Reduced Price Meal Program, please submit an application. A new application **MUST** be submitted annually. If there is a gap between applications, you will be responsible for any monies your child may owe.

This packet includes an Application for Free and Reduced-Price Meals and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?**

- All children in households receiving benefits from CalFresh, CalWORKs, FDPIR, or Kin-GAP are eligible for free meals.
- **Foster children under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school’s Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, migrant, or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household’s income is within the limits of the Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**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

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, RUNAWAY, OR HEAD START?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will qualify for free meals, please contact: **Megan Atkins, Executive Director of Student Services at 310.318.7345 x5912 or [matkins@mbusd.org](mailto:matkins@mbusd.org).**
3. **DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?** No. **Use one Application for Free and Reduced-Price Meals for all children 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: **Lena Agee, Director of Food & Nutrition, 1401 Artesia Blvd. Manhattan Beach, CA 90266.**
4. **SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you received carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please contact **Lena Agee, Director of Food & Nutrition, 1401 Artesia Blvd. Manhattan Beach, CA 90266 310.318.7345 x5031 or [lagee@mbusd.org](mailto:lagee@mbusd.org)** immediately.
5. **CAN I APPLY ONLINE?** No, at this time you must complete a paper application and submit the original application to the MBUSD Food & Nutrition Office for processing.
6. **MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT 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. You must send in a new application unless the school told you that your child is eligible for the new school year.

7. **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 complete an application and return it for processing.
8. **WILL THE INFORMATION I PROVIDE BE CHECKED?** YES, school officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for CalFresh, CalWORKS, FDPIR, or Kin-GAP.
9. **IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?** Yes, you can apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may be eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?** You may ask for a hearing by calling or writing to: **Dr. Dawnalyn Murakawa-Leopard, Deputy Superintendent Business Services at 310.318.7345 x5944 or [dmurakawa@mbusd.org](mailto:dmurakawa@mbusd.org).**

The person receiving the allegation must transcribe the complaint; the procedures cannot prevent a complaint from being accepted; and must identify the outside agency (USDA, CDE) to which complaints are forwarded. SFA's procedures must not indicate that they attempt to resolve the complaint themselves nor can the SFA's complaint process be a prerequisite for accepting a complaint.

11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
  12. **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 only made \$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.
  13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a "0" in the income field. However, if any income fields are left empty or blank, those will be counted as zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so.
  14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
  15. **WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application.
  16. **MY FAMILY NEEDS ADDITIONAL FINANCIAL ASSISTANCE. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR?** To find out how to apply for CalFresh or other assistance programs, contact your local assistance office or call 877.847.3663.
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# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Manhattan Beach Unified School District. The application must be filled out completely to certify your children for free or reduced price school meals. 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 MBUSD Food & Nutrition Office 310.318.7345 x5031 or [food&nutrition@mbusd.org](mailto:food&nutrition@mbusd.org)

**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;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Manhattan Beach USD, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. 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 required information for the additional children.

**B) Is the child a student at Manhattan Beach USD?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend MBUSD schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.  
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or CalFresh
- Temporary Assistance for Needy Families (TANF)
  - California Work Opportunity and Responsibility to Kids (CalWORKs)
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, for CalFresh, CalWORKs, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local assistance office or call 877.847.3663.
- Go to **STEP 4**.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in **GROSS INCOME ONLY**. This is the amount **BEFORE DEDUCTIONS and TAXES**. Report all income in whole dollars. Do not include cents.
  - **Gross income is the total income received before taxes.**
  - **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.**

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your 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.

#### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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.
  - Infants, Children and students already listed in **STEP 1.**

**B) List adult household members’ names.** 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.** 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?** 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.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**E) Report income from pensions/retirement/all other income.** 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 (Children and Adults).” 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 affects your eligibility for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

### 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 also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**C) Mail Completed Form to: Léna Agee  
1401 Artesia Blvd  
Manhattan Beach,  
CA 90266**

**D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

## 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.

## 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](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) Address to file a complaint: 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

*Mail or Submit your completed application to:*

**LÉNA AGEE**

**MBUSD FOOD & NUTRITION DEPARTMENT**

**1401 ARTESIA BLVD.**

**MANHATTN BEACH, CA 90266**

*Your application will be processed within 10 business days of receipt and you will be notified by us mail if your child(ren) have qualified for the program (please note, until that time you are responsible for any and all meal charged that are incurred. PLEASE KEEP THE LETTER AS YOUR PROOF OF ELIGIBILITY*

Complete one application per household. Read the instructions included with Application on how to apply. Please print and use a pen. 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 1 – STUDENT INFORMATION**

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Attach SECOND \*\*\*\* sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	EXAMPLE: Lincoln Elementary	1st		EXAMPLE: 12-15-2010	Foster Child	Homeless	Migrant
EXAMPLE: Joseph P Adams				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (including yourself) currently participate in one of the following assistance programs? If NO, skip STEP 2 and complete STEP 3.

if YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
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**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions.  
Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Total Student Income	How Often
\$	

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the 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. Report all income earned before taxes and deductions.  
Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work		Public Assistance/SSI/ Child Support/Alimony	Pensions/Retirement/ All Other Income	
	How Often	How Often		How Often	How Often
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

Total Household Members (Children and Adults)   Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member     Check the box if NO SSN

**STEP 4 – CONTACT INFORMATION & 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."

Signature of adult completing this form: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**DO NOT COMPLETE. SCHOOL USE ONLY**

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12  
How Often?  Weekly  Bi-Weekly  Twice a Month  Monthly  Yearly

Total Household Size   Eligibility Status:  Free  Reduced-price  Paid (Denied)  Categorical  
Verified as:  Homeless  Migrant  Runaway  Error Prone

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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 Alaskan Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

**\*\*\*USE THIS PAGE ONLY IF MORE SPACE IS NEEDED TO LIST STUDENTS ATTENDING SCHOOL**

Enter the name of <b>EACH STUDENT</b> who will attend school (First, Middle Initial, Last)	Enter <b>school name</b> and <b>grade level</b>		Enter <b>student's birth date</b>	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
	<b>EXAMPLE: Joseph P Adams</b>	<b>EXAMPLE: Lincoln Elementary</b>		<b>1st</b>	<b>EXAMPLE: 12-15-2010</b>	Foster Child	Homeless
				<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"/>