# School Year 2024-25 Plumas Lake Elementary School District

Print the name of EACH STUDENT

Application for Free and Reduced-Price Meals Complete one application per household.

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at plusd.org 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 tokens, special serving lines, separate entrances, separate dining areas, or by any other means.

Check the applicable box if the student is

Enter school name and

### STEP 1 - STUDENT INFORMATION

(First, Middle Initial, Last)	grade level						Enter student's birthdate		fos	foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams		Li	ncoln Eler	mentary		1st		12-	15-2010	Foster	Homeless	Migrant	Runaway
							$\top$						
							1						
STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORI Do ANY household members (child or adult) currently particip If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.  STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEN	Select Progra	am Type:	ORKs	FDPIR	Enter Cas	_		3.		Certification: Lo	ertify (promise) ue and that all ir ation is given in	that all inform come is report connection wit	ed. I understand th the receipt of
TEP 3 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answ A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GRO							tudent	Incomo	How Often				false information
deductions) in whole dollars earned by all students listed in S Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Mon	TEP 1. Enter ti	he appropria	e pay perio	• •		Total 3	Ludent	income	now Otten	my children may lose meal benefits, and I may be prosect under applicable state and federal laws.			be prosecuted
B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): I household member, report the TOTAL GROSS income (befor income from any sources, write "0". If you enter "0" or leave Enter the appropriate pay period in the "How Often" box: V	ist <b>ALL</b> househ e deductions) i any fields blar	nold members n whole dolla nk, you are ce	not listed rs for each rtifying (pro	source. If the omising) that t	household here is no	l memb income	er does to repo	not recei	r each ve	Signature of a	dult completing	this application	n:
Print the name of ALL OTHER Household Members	Earnings from	from Work How Public Ass			ssistance/SSI/ How Pens		ensions,	ons/Retirement/ How		Date:	Phon	e Number:	
(First and Last)	Zurinigs from	Often		Child Support/Alimony		n	All Oth	er Income	Often	1 1000		e Namber.	
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C. Total Household Members D. Enter the la (Children and Adults) the Primary W	ist four digits o Jage Earner or			, ,				NO S	the box if				
						$\neg$	-						
	ETE SCHOO	LUSE ONLY	,			information is important and helps to make sure we are fully serving our communit						T. C. C. September	
DO NOT COMPL  How Often?  Weekly  Bi-Weekly  Twice a Month  Annual Income Conversion: Weekly x52, Biweekly x26, Twice	/onthly ☐ Yea	arly		l Household In	ncome			We are	equired to ask	for information at	out your childre		
DO NOT COMPL	nonthly ☐ Yea a Month x24,	arly Monthly x12	Tota	l Household Ir	ncome	1		We are informa Respond	equired to ask tion is importa ling to this sec	for information ab nt and helps to ma tion is optional and	oout your childre ke sure we are f	ully serving ou	r community.
DO NOT COMPL  How Often?	Monthly ☐ Yea a Month x24, ed-price ☐ P	arly Monthly x12 aid (Denied)	Tota \$ □ C	ategorical rror Prone	ncome			We are informa Respond	equired to ask tion is importa	for information ab nt and helps to ma tion is optional and neals.	oout your childre ke sure we are f	ully serving ou	r community.
DO NOT COMPL  How Often?  Weekly  Bi-Weekly  Twice a Month  Annual Income Conversion: Weekly x52, Biweekly x26, Twice  Total Household Size  Eligibility Status:  Free  Reduce	Monthly ☐ Yea a Month x24, ed-price ☐ P	arly Monthly x12 aid (Denied)	Tota \$ □ C	ategorical	ncome			We are informa Respond	equired to ask tion is importa ling to this sec	t for information at nt and helps to ma tion is optional and neals. Ethnicit c or Latino	oout your childre ke sure we are f I does not affect y (check one):	ully serving ou your children' ot Hispanic or	r community. s eligibility for
DO NOT COMPL  How Often?	Monthly ☐ Yea a Month x24, ed-price ☐ P	arly Monthly x12 aid (Denied)	Tota \$ □ C	ategorical rror Prone	ncome			We are informa Respond free or r	required to ask tion is importa ling to this sec educed-price r	t for information at nt and helps to ma tion is optional and neals. Ethnicit c or Latino	oout your childreke sure we are follows not affect y (check one):	ully serving ou your children' ot Hispanic or	r community. s eligibility for

#### School Year 2024-25

Dear Parent or Guardian: The Plumas Lake Elementary School District participates in the National School Lunch Program and/or School Breakfast Program. At all PLESD schools all 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.

## LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

**QUALIFICATION:** Your children may qualify for free or reducedprice meals if your household income falls at or below the federal income Eligibility Guidelines below.

#### Effective July 1, 2024 - June 30, 2025

Reduced-price Fluibility Scale

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4.064	\$3,752	\$1.876
For each additional family member, add:	\$9,953	\$830	\$415	\$383	\$192

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 (530) 743-4428.

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: Dr. Jeff Roberts, 2743 Plumas School Rd, (530) 743-4428. 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.

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, audiotape, 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 (PDF), (AD-3027) found online at: How to File a Complaint and 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

Washington, D.C. 20250-9410; 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 PLESD. Print their name (first, middle initial, last), school, gracle 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 PROGRAMIS – 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.
- 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 Mary DeLong at (530) 743-4428.

**SUBMIT:** Please submit a complete application to your child's school or the nutrition office at 2743 Plumas School Rd, Plumas Lake, CA 95961. You will be notified if your application is approved or denied for free or reduced-price meals. Sincerely,

Mary DeLong, Director of Nutrition Services, Plumas Lake Elementary School District