

**National School Lunch Program/School Breakfast Program
2021-22 Letter to Households (Public Schools)**

Dear Parent/Guardian:

This letter tells how your child(ren) can get free or reduced-price school meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast and lunch are served at no cost to students who qualify for free meals. Students who qualify * for reduced-price school meals will also receive breakfast and lunch at no charge although their eligibility is reduced. All students who do not qualify for free or reduced-price meals will be charged the rates shown below on the regular-price/paid meals chart.

REGULAR-PRICE (PAID) MEALS			
Grade Level	Breakfast	Lunch	Snack
K-5	\$ 1.50	\$ 3.00	n/a
6-12	\$ 1.50	\$ 3.25	n/a
Other Enrolled ASD Students	\$ 1.50	\$ 3.25	n/a

REDUCED-PRICE MEALS			
Grade Level	Breakfast	Lunch	Snack
K-3	\$.00	\$.00	n/a
4-12	\$.00	\$.00*	n/a
Other Enrolled ASD Students	\$.00	\$.00*	n/a

You may apply for school-meal benefits through your Skyward Family Access (online) at <https://www.auburn.wednet.edu/>

* During the 2021-22 school year, students who qualify for reduced-price meals will receive both breakfast and lunch at no charge. The Auburn School District will cover the reduced-price meals co-payment.

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food (SNAP), take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your child(ren).
- You are applying for a foster child (or foster children) *who is/are under the legal responsibility of a foster care agency or court.*

Turn in the application to Child Nutrition Services (1302 4TH ST SW, Auburn WA 98001) or to your student's school.

Be sure to submit **ONLY ONE** application per household, not one per student. We will notify you if the application is approved or denied. If any student you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household gross (before deductions/taxes) income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your student's eligibility for free or reduced-price meals.

Foster children under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal-use income. If you have questions about applying for school-meal benefits for foster children, please contact us at [253-931-4972](tel:253-931-4972).

USDA Child Nutrition Program Income Guidelines Effective July 1, 2021–June 30, 2022					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 23,828	\$ 1,986	\$ 993	\$ 917	\$ 459
2	\$ 32,227	\$ 2,686	\$ 1,343	\$ 1,240	\$ 620
3	\$ 40,626	\$ 3,386	\$ 1,693	\$ 1,563	\$ 782
4	\$ 49,025	\$ 4,086	\$ 2,043	\$ 1,886	\$ 943
5	\$ 57,424	\$ 4,786	\$ 2,393	\$ 2,209	\$ 1,105
6	\$ 65,823	\$ 5,486	\$ 2,743	\$ 2,532	\$ 1,266
7	\$ 74,222	\$ 6,186	\$ 3,093	\$ 2,855	\$ 1,428
8	\$ 82,621	\$ 6,886	\$ 3,443	\$ 3,178	\$ 1,589
For each additional family member, add:	\$ 8,399	\$ 700	\$ 350	\$ 324	\$ 162

HOUSEHOLD is defined as all persons, including parents, students, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the *gross income* each household member receives before taxes/deductions. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members (including students if they have income)
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Steps 1, 2, 3, 4, and 5. Step 6 and Step 7 are optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete Steps 1 and 5. Step 6 and Step 7 are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

What must be on the application? *continued*

C. For a family getting Basic Food (SNAP)/TANF/FDPIR:

- List all student names
- Check one benefit type box and enter case number associated with those benefits
- Adult household member's signature

Complete *Steps 1, 2, 4, and 5*. *Step 6 and Step 7* are optional.
Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. **For households not getting any assistance:**" and include the foster child's personal use income.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food (SNAP) dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my students automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food *may* get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school district using a data matching process. This matched list is then made available to your student's school food service staff. The students on this list get free meals if their school has the free and reduced-price breakfast and/or lunch program (not all schools do) if an identical match is found. Please contact us immediately if you feel your student should be receiving free meals and is not. If you do not want your student to participate in the free meal programs using this method, please notify staff in the Child Nutrition Services office at 253-931-4972.

If anyone in my household has a case number, will all students qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to Child Nutrition Services (1302 4TH ST SW, Auburn WA 98001) or to your student's school. Please contact us immediately if you feel other students in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food (SNAP) is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

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, 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.

My student's application was approved last year. Do I need to fill out a new one for the 2021-22 school year?

Yes. Your student's application is only good for that school year and for the first few days of this school year (this allows you time to complete an application for the new school year). You must send in a new application unless the Child Nutrition Services department told you your student is eligible for the new school year.

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 field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my student needs special foods?

If your student needs special foods, contact the Child Nutrition Services office at 253-931-4972.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your student's application or the process used to prove income eligibility, you may talk with Assistant Superintendent Cindi Blansfield, the fair hearing official. You have the right to a fair hearing which may be arranged by calling this number 253-931-4972.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food (SNAP), TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

2021-2022 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS - AUBURN SCHOOL DISTRICT NO. 408

This Box for CNS Office Use Only

You may apply for school-meal benefits through your Skyward Family Access (online) at <https://www.auburn.wednet.edu/>
 Complete, sign, and return this application to your child's school or to: Child Nutrition Services
 1302 4TH ST SW
 AUBURN WA 98001

Check here if you received meal benefits last year:

STEP 1. List all students living with you who are attending school. If the student is a foster child, indicate this by placing an "X" in the appropriate box. Include any personal income received by the student and make an "X" in the correct box for how often the student receives that income.

Homeless Migrant

App # 2021-22: _____ Elig: _____ Reason: _____
 By: _____ Date: _____
 Effective (if different from processed date) _____

Student's LAST Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<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"/>
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			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<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. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please check only *one of the benefit types* and write the case number associated with those benefits. If no, go to Step 3. Basic Food, or TANF, or Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

STEP 3. List the names of all other household members (do not include students listed in Step 1) - Enter gross (before any deductions) income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

First AND last name of ALL other household members (do not include students listed in Step 1)	Earnings from work (before any deductions)	Frequency			Public Assistance/ Child Support/ Alimony	Frequency			Pensions/ Retirement/ Social Security (SSI)	Frequency			Any Other Income Not Already Listed	Frequency		
		Weekly	Bi-weekly	2 X Month		Monthly	Weekly	Bi-weekly		2 X Month	Monthly	Weekly		Bi-weekly	2 X Month	Monthly
	\$	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<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 4. Total Household Members (include *all* people living in your household): (total listed must equal number of household members listed above).

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner, or other adult household member signing application or check if no SSN .

STEP 5. Contact Information & Signature - Complete, sign, and return this application to Child Nutrition Services (1302 4TH ST SW, Auburn WA 98001) or to your child's school. I certify (promise) 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.

PRINTED name of adult household member completing application _____ Signature of adult household member completing application _____ Email address _____
 Mailing address _____ City and zip code _____ Daytime phone number _____ Date _____

STEP 6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free and reduced-price meals.

Mark one or more racial identities:

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

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

STEP 7. Other Benefits (Optional) – If your household qualifies for school-meal benefits you may be able to receive a discount on other programs and/or receive other benefits (other than free or reduced-price school meals). If you want to give permission for the Child Nutrition Services department to share current school year, school-meal eligibility status so you may qualify for other benefits or a reduction in fees, please complete this step. Your eligibility for free or reduced-price meals is confidential information. We must have your consent to share you eligibility with school programs to facilitate fee reductions or waivers. Please check the appropriate boxes below if you wish to have your students' fees for these programs reduced or waived when possible. If you have questions about this, please contact the Child Nutrition Services office at 253-931-4972.

School Program:	How the shared information will be used:	For ALL students on application: X to participate	For THIS STUDENT ONLY Name: _____ X to participate	For THIS STUDENT ONLY Name: _____ X to participate	For THIS STUDENT ONLY Name: _____ X to participate
Technology—Chromebook	Fee reduction or waiver				
Annual Maintenance	Fee reduction or waiver				
ASB—Athletic/Activity	Fee reduction or waiver				
Course	Fee reduction or waiver				
Test	Fee reduction or waiver				
Field Trip	Fee reduction or waiver				

By signing and dating below, I allow the ASD Child Nutrition Services department to share meal eligibility of the student(s) with the program(s) indicated above for the 2021-22 school year.

Parent/Guardian signature _____ Date _____ / _____ / _____

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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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 the 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, (AD-3027) found online at: <https://www.usda.gov/oascr/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, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Auburn School District's Non-Discrimination Statement

Auburn School District complies with all federal rules and regulations and does not illegally discriminate on the basis of age; gender; race; color; creed; religion; national origin (including language); sex; sexual orientation including gender expression or identity; honorably discharged veteran or military status; the presence of any sensory, mental, or physical disability; the use of a trained dog guide or service animal; and provides equal access to the Boy Scouts and other designated youth groups.

Inquiries regarding compliance procedures may be directed to Daman Hunter at (253) 931-4932, Title IX Officer and Section 504, ADA, and Civil Rights Compliance Coordinator.

- English – Yellow
- Marshallese – Buff
- Russian – Pink
- Spanish – Lavender
- Ukrainian – Green