



Child Nutrition Services
650 D Avenue, Coronado, CA 92118
(619) 522-8907, ext. 2085

Dear Parent/Guardian:

For school year 2023-24, the Coronado Unified School District participates in the School Breakfast Program and National School Lunch Program by offering healthy meals every school day. **The California Universal Meals Program, AB 130, requires public school districts serving students in grades K–12 to provide two meals free of charge (breakfast and lunch) during each school day to students requesting a meal, regardless of their free or reduced-price meal eligibility.**

Although meals will be free for all, the state continues to require school districts to distribute and collect free/reduced-price meal applications. Free/reduced-price meal applications allow the district to collect essential data needed to qualify for additional school funding intended to support academic programs for your student. Additionally, free/reduced eligibility can qualify households for things such as discounted internet services, P-EBT benefits, discounted rates on your energy bill, and more. Households are encouraged to apply online at www.ezmealapp.com.

Below are some frequently asked questions and answers to help you with the application process.

1. WHO MAY BENEFIT FROM COMPLETING THIS APPLICATION?

- All children in households receiving benefits from CalFresh, CalWORKs, Medi-Cal, or FDPIR.
- Foster children under the legal responsibility of a foster care agency or court.
- Children participating in their school's Head Start program.
- Children who meet the definition of homeless, migrant, or runaway.
- Children may receive benefits if your household's income is within the limits of the federal Income Eligibility Guidelines. Your children may qualify if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines

Reduced-Price Meals

July 1, 2023–June 30, 2024

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$26,973	\$2,248	\$1,124	\$ 1,038	\$ 519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
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

Free Meals

July 1, 2023–June 30, 2024

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 18,954	\$ 1,580	\$ 790	\$ 729	\$ 365
2	\$ 25,636	\$ 2,137	\$ 1,069	\$ 986	\$ 493
3	\$ 32,318	\$ 2,694	\$ 1,347	\$ 1,243	\$ 622
4	\$ 39,000	\$ 3,250	\$ 1,625	\$ 1,500	\$ 750
5	\$ 45,682	\$ 3,807	\$ 1,904	\$ 1,757	\$ 879
6	\$ 52,364	\$ 4,364	\$ 2,182	\$ 2,014	\$ 1,007
7	\$ 59,046	\$ 4,921	\$ 2,461	\$ 2,271	\$ 1,136
8	\$ 65,728	\$ 5,478	\$ 2,739	\$ 2,528	\$ 1,264
For each additional family member, add:					
	\$ 6,682	\$ 557	\$ 279	\$ 257	\$ 129

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

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 call or email Kami McElligott kami.mcelligott@coronadousd.net; 619-522-8900 x1025.

3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?

No. Complete **one** Application for Free and Reduced-Price Meals for all students 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: School Office or Child Nutrition Services, 650 D Avenue, Coronado, CA 92118, 619-522-8907 x2085.

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 carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please contact Charity Campbell at 619-522-8907 x2085 immediately.

5. CAN I APPLY ONLINE?

Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <http://coronadousd.net/departments/food-services-student-nutrition/> to learn more about the online Application process. **Please note applications will only be processed after July 1.**

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 one school year at a time and for the first few days of the following school year. You must send in a new Application by October 5 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.

8. WILL THE INFORMATION I PROVIDE BE CHECKED?

Yes. School officials may verify the information on the Application at any time during the school year. You may be asked to send additional information to prove your income, or current eligibility for CalFresh, CalWORKS, Medi-Cal or FDIPIR.

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 should talk to the school officials. You may also ask for a hearing by calling or writing to Charity Campbell at 619-522-8907 x2085.

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, enter 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?

All household members must be included on the Application even if the individual does not receive income. Whenever this happens, please write a "0" in the income field. However, if any income fields are left empty or blank, the income will be counted as zero. Please be careful when leaving the 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, 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. Charity Campbell at 619-522-8907 x2085.

16. MY FAMILY NEEDS ADDITIONAL FINANCIAL ASSISTANCE. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR?

Yes. For information on CalFresh and CalWORKs, contact your county welfare department by reviewing the CalFresh Web page at <http://www.calfresh.ca.gov/PG839.htm> or by phone at 877-847-3663. For additional assistance in your local area, contact the California referral hotline by phone at 211.

If you have other questions or need help, please contact Charity Campbell at 619-522-8907 x2085 or at charity.campbell@coronadousd.net.

Sincerely,

Charity Campbell, MS, RD, SNS
Director, Child Nutrition Services
Coronado Unified School District

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you complete the Application for Free and Reduced-Price Meals. You only need to submit **one** application per household, even if your children attend more than one school in Coronado Unified School District. The Application must be complete to certify your children for free or reduced-price meals. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If there are more household members than the number of lines on the application, attach a second application with all the required information. If at any time you are not sure what to do next, please contact Charity Johnson, Director of Child Nutrition Services, at 619-522-8907 x2085.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION.

STEP 1: STUDENT INFORMATION

When completing STEP 1, please include **ALL STUDENTS** in your household who are:

- Students attending Coronado Unified School District
- Children aged 18 or under AND are supported with the household's income (do NOT have to be related to you to be a part of your household)
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway

A) Student's name. Print the student's first, middle initial, and last name. Use one line per student.	B) School name and grade level. Print the name of the school the student will attend and his/her grade level.	C) Date of birth. Print the student's date of birth.
D) Do you have any foster children? If any foster children live in your household, check the "Foster Child" box next to the student's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are ONLY applying for foster children, complete STEP 1, and then continue to STEP 4.		E) Are any children homeless, migrant, or runaway? If you believe any student listed in STEP 1 meets these descriptions, check the applicable "Homeless, Migrant, or Runaway" box next to the student's name and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS: CALFRESH, CALWORKS, OR FDPIR

Your children are eligible for free meals if **ANY** household member (child or adult) currently participates in one of the following assistance programs listed below:

- CalFresh
- 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: <ul style="list-style-type: none"> • Leave STEP 2 blank • Go to STEP 3 	B) If anyone in your household participates in one of the above listed programs: <ul style="list-style-type: none"> • Check the applicable assistance program box • Enter a case number for CalFresh, CalWORKS, or FDPIR. You only need to provide one case number. • Go to STEP 4. Do not complete STEP 3.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Review the charts below titled "**Sources of Income for Children**" and "**Sources of Income for Adults,**" to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars, do not include cents.
 - Gross income is the total income received before taxes
 - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty, or blank will be counted as zero income. 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.
- Enter the appropriate pay period in the "How Often" column: W=Weekly, 2W=Bi-Weekly, 2M=Twice a Month, M=Monthly, Y=Yearly

Sources of Income for Children		Sources of Income for Adults		
A child's income is money received from outside your household that is paid DIRECTLY to your child. Many households do not have any child income to report.		Earnings from Work	Public Assistance/SSI/Alimony/Child Support	Pensions/Retirement/All Other Income
Sources of Child Income	Example(s)			
Earnings from work	A child has a regular full or part-time job where they earn			
Income from any other source	A child receives regular income from a private			
Income from person outside the household	A friend or extended family member regularly gives a			
Social Security - Disability Payments - Survivor's Benefits	<p>A child is blind or disabled and receives Social Security benefits.</p> <p>A parent is disabled, retired, or deceased, and their child receives Social Security benefits.</p>	<p>Salary, wages, cash bonuses</p> <p>Net income from self-employment (farm or business)</p> <p>U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses Allowances for off-base housing, food and clothing Do NOT include combat pay, Family Substance Supplemental Allowance, or privatized housing allowances 	<p>Unemployment benefits</p> <p>Workers' compensation</p> <p>Supplemental Security Income</p> <p>Cash assistance from state or local government</p> <p>Alimony payments</p> <p>Child support payments</p> <p>Veterans benefits</p> <p>Strike benefits</p>	<p>Social Security (including railroad retirement and black lung benefits)</p> <p>Private pensions or disability benefits</p> <p>Regular income from trusts or estates</p> <p>Annuities</p> <p>Investment income</p> <p>Earned interest</p> <p>Rental income</p> <p>Regular cash payments from outside household</p>

3.A REPORT INCOME EARNED BY STUDENTS FROM STEP 1

A) Report all income earned or received by STUDENTS. Report the combined gross income for **ALL STUDENTS** listed in STEP 1 in your household in the box marked "Total Student Income." Enter the appropriate pay period in the box marked "How Often." Only include a foster child's income if you are applying for foster and non-foster children on the same application.

3.B REPORT INCOME FOR ALL OTHER HOUSEHOLD MEMBERS (Adults and Children)

When filling out this section, please include **ALL OTHER** household members 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:

- Students already listed in **STEP 1.**
- People who are not supported by your household's income AND do not contribute income to your household.
- Payments received from a foster care agency or court for the care of foster children.

A) Names of ALL OTHER household members. Print the names of each household member (First and Last). Use one line per name. Do not include any student listed in STEP 1.	<p>B) 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 a job. If you are a self-employed business or farm owner, you will report your net income. Enter "How Often" this member earned or received income.</p> <p>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.</p>	C) Public Assistance/SSI/Child Support/Alimony. Report all income in the "Public Assistance/SSI/Child Support/Alimony" field on the Application. Do not report the cash value of any public assistance benefits NOT listed on the chart above. 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. Enter "How Often" this member earned or received income.
D) Pensions/Retirement/All Other Income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. Enter "How Often" this member earned or received income.	E) Total Household Size. Enter the total number of household members in the "Total Household Members (Children and Adults)" field. 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.	F) Enter the last four digits of your Social Security number. An adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for meal benefits even if you do not have an SSN. If no adult household members have an SSN, leave this field blank and check the box to the right labeled "Check the box 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 the information they provided has been truthfully and completely reported. Before completing this section, please make sure you have read the information and non-discrimination statements below.

A) Sign and print your name. Print the name of the adult household member signing the application.	B) Provide your contact information. Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us to reach you quickly if we need to contact you.	C) Write today's date. In the space provided, write today's date in the box.
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OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

We ask you to share information about your children's race and ethnicity. Please check the appropriate boxes. This field is optional and does not affect your children's eligibility for free or reduced-price meals.

OPTIONAL: CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS

This application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Please complete the applicable section. This field is optional to complete and does not affect your children's eligibility for free or reduced-price 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, 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, audiotape, 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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.