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To: Parents of Shasta Union High School students
From: Fred Schafer, Director of Nutrition Services
Subject: Possible Financial Relief Resource
Date: July 1, 2020

The purpose of this letter is to let you know of a service and resource that is available. At the beginning of each school year each student is given a “Your Fair Share” form to take home to their parent/guardian.

After the parent/guardian completes the required information on this form, a determination is made whether a student qualifies for free or reduced price meal. Each family is then contacted through the mail concerning this determination.

What you may not know is that if a family’s income is reduced during the school year, a family may reapply to see if their student qualifies for free or reduced meals. These meals include not just lunch, but also breakfast or brunch. Brunch is available at Foothill, Enterprise and Shasta Learning Center.

Please be sure to complete the form **completely** to avoid delays. It is crucial to include all members in the household and that the “total adults and children in household” total matches the names listed. Also, if you receive food stamps, or Cal Works, etc. Please be sure to list case numbers, include the last 4 digits of you Social Security number and sign the application.

With the difficult economic situation many families are facing I thought it important to let you know of this service and resource. Either you or your student may pick up a new “Your Fair Share” form from the manager at their Nutrition Services Kitchen or from the school office manager.

Please feel free to contact me at 530-245-2628 if you have any questions. Thank you.

Fred Schafer
Director of Nutrition services
Shasta Union High School District

SHASTA UNION HIGH SCHOOL DISTRICT

Your Child's Fair Share Survey 2020-2021

(Complete **ONE** Application per SUHSD Household)

Please complete and sign the application. Return it to your child's school. This application cannot be processed without **ALL** of the following **4** pieces of information:

1. The name of the child or children for whom you are applying for benefits.
2. The names and income of **all** other household members.
3. The signature of the child's or children's parent or guardian.
4. The social security number of the person who signed the application.
(If the person signing the application does not have a social security number, write "none" in the space provided.)

FAQ

1Q. What is Your Child's Fair Share?

1A. Your child is entitled to federal tax dollars collected by the federal government. In order for your child's school to collect these funds this form must be filled out. This is "your child's fair share" of tax dollars.

2Q. Who will see this form?

2A. This form will **ONLY** be seen by a designated school official. This information **WILL NOT** be sent to any other agency.

3Q. What kind of funding will this effect?

- 3A. This form effects:
- E-Rate technology funding
 - Millions of available dollars in grants
 - State entitlement fund
 - State Title I funding
 - Free and reduced lunch

4Q. If I'm not eligible, what do I do?

4A. Please fill out your students name, **check the box on the application indicating that you are not eligible, sign and return.**

5Q. How is my school's fair share determined?

5A. The Federal Government determines this based on national family income amounts. The more households that meet the federal standard the more money our schools get. Well over 55% of all Shasta County households meet this survey standard. See chart below.

FREE ELIGIBILITY SCALE: BREAKFAST, LUNCH, MILK						REDUCED ELIGIBILITY SCALE: BREAKFAST, LUNCH, MILK					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$16,588	\$1,383	\$692	\$638	\$319	1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$22,412	\$1,868	\$934	\$862	\$431	2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767	5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879	6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991	7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add:	\$5,824	\$486	\$243	\$224	\$112	For each additional family member, add:	\$8,288	\$691	\$346	\$319	\$160

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Part 1. Student Information Complete this section by providing information for ALL of the children in your household.

Full name of <u>each</u> student living in household		Grade	Name of each child's school & SUHSD ID# if known	Mark "X" below if child is a foster child, homeless, migrant, runaway. If each child attending school qualifies skip to Part 3.				Food Stamp, Cal WORKS, Kin-Gap, or FDIPIR Case Number
				Foster	Homeless	Migrant	Runaway	
Last Name	First Name							

Part 2A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here.

Total Child Income	\$	How often?	
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Part 2B. Adult Household Members & Total household gross income (BEFORE DEDUCTIONS)

List all income on the same line as the person who receives it. Mark "X" in the column for how often it is received. Record each income only once. Enter Gross Income (total amount before taxes or deductions)

Full Name of all adults / household members living in the home.	Work earnings (before deductions)	How often?				Welfare, child support, alimony	How often?				Supplemental Security Income, Social Security, veteran or disability	How often?				All other income	How often?			
		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

Part 3 Signature and last four digit of Social Security number (MUST BE SIGNED BY AN ADULT)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number**

I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Printed Name of Adult:		Signature of Adult:		Date:
Address:		City, State, Zip Code		Total Number in Household (Adults & Children total)
Phone Number:		E-mail Address:		
Last four digits of Social Security Number: XXX-XX-_____		<input type="checkbox"/> Check box if no Social		My family is not eligible (I have put my students name and signed application). <input type="checkbox"/>

DO NOT COMPLETE THE INFORMATION BELOW, IT IS FOR SCHOOL USE ONLY.

Household Size: _____	Household Total Income: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Month <input type="checkbox"/> Year
Approved as:	Verified As:	Additional Info:
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied (reason): _____	<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Foster Child	<input type="checkbox"/> Categorical Eligible <input type="checkbox"/> Direct Certified: <input type="checkbox"/> CalWORKS <input type="checkbox"/> CalFresh
		<input type="checkbox"/> Incomplete <input type="checkbox"/> Error Prone <input type="checkbox"/> Family Verified
Determining Official: _____	Date: _____	Confirming Official: _____ Date: _____

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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 National School Lunch Program will NOT be overtly identified by the use of special tokens, tickets, or serving lines; separate entrances or dining areas; or by any other means.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, 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 apply on behalf of a foster child; list a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

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866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.