

**RAY UNIFIED SCHOOL DISTRICT #3**  
**P. O. Box 427**  
**Kearny, Arizona 85237**  
**Phone: (520) 363-5515 Fax: (520) 363-5642**

Dr. Robert W. Dunn, Superintendent  
Mr. Jeffrey Duncan, High School Principal

Mr. Curt Cook, Elementary Principal  
Ms. Rochelle Pacheco, Primary Principal

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August, 2008

Dear Parents,

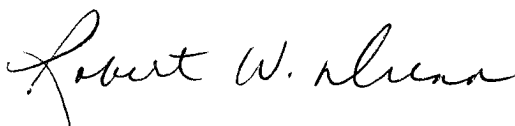
We need your help! The Ray Unified School District participates in the National School Breakfast and Lunch Program providing free and reduced priced meals for certain families. To find out if you qualify, please complete and return the attached application to your child's school. All applications are handled with utmost confidentiality as required by Federal Guidelines.

Under the current breakfast and lunch price structure, a family would save from \$360 to \$405 per school year for one child receiving free lunch and breakfast; from \$234 to \$279 for a child receiving reduced lunch and breakfast. In addition, Ray District also receives Federal Grant money based on the number of students who qualify for free or reduced meals.

Please take the time to complete the attached application, even if you are not sure you qualify. We will notify you to let you know whether or not you qualify.

Thank you for your time and consideration in this matter.

Kindest regards,



Dr. Robert W. Dunn  
Superintendent of Schools

jw

Dear Parent/Guardian:

*Children need healthy meals to learn. [Ray High School] offers healthy meals every school day. Breakfast costs [\$.75]; lunch costs [\$1.50]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$.30] for breakfast and [\$.40] for lunch.*

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application 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: [Ray High School / 363-5513, ext. 301 or 302].**

**2. Who can get free meals?** Children in households getting Food Stamps or Cash Assistance (CA) or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call [Vicki Lechuga, Director of Food Services / 363-5515, ext. 316]. to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at [363-5515, ext. 316] if you have questions.

**6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, CA or FDPIR or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: [Vicki Lechuga, Director of Food Services, P.O. Box 427, Kearny, AZ 85237, 520-363-5515, ext. 316].

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call [Vicki Lechuga / 520-363-5515, ext. 316].

Sincerely,

*Vicki Lechuga*  
V.K.

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR Cash Assistance (CA) OR FDIPR, follow these instructions:**

**Part 1:** List child(ren)'s name, school, and grade.

**Part 2:** List Food Stamp or CA or FDPIR number next to each student's name.

**Part 3:** Check the appropriate box, if any.

**Part 4:** Skip this part.

**Part 5:** Skip this part.

**Part 6:** Sign the form. A Social Security Number is not necessary.

**Part 7:** Answer this question if you choose to.

**Check the appropriate box and contact [Ray High School, 363-5513, ext. 301 or 302].  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Check the box and list the child's personal use monthly income, if any.

**Part 5:** Skip this part.

**Part 6:** Sign the form. A Social Security Number is not necessary.

**Part 7:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the appropriate box, if any.

**Part 4:** Skip this part.

**Part 5:** Follow these instructions to report total household income from last month.

**Column 1 – Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 – Check if no income:** If the person does not have any income, check the box.

**Column 3 – Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Part 6:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 7:** Answer this question if you choose to.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			Part 2. Food Stamp/ Cash Assistance/ FDPIR Case Number For EACH Student
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child(ren) have a Case Number please <b>ENTER BELOW</b> for each student. <b>Skip to Part 6.</b>
1.			1.
2.			2.
3.			3.
4.			4.
5.			5.
6.			6.

**Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call (Ray High School, 520-363-5513, ext 316)** Homeless  Migrant  Runaway

**Part 4. Foster Child**  
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. **Skip to Part 6.**

**Part 5. Total Household Gross Income —You must report *HOW MUCH* and *HOW OFTEN***

1. Name  (List <b>everyone</b> in household including children in school)	2. Check if <b>NO</b> Income	3. GROSS INCOME and HOW OFTEN it was received <i>Example: \$50—monthly \$50—twice a month \$50—every other week \$50—weekly</i>							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income	
		How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
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	<input type="checkbox"/>	\$		\$		\$		\$	
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**Part 6. Signature and Social Security Number (Adult MUST sign)**  
An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

**Must Sign here:**  \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I **do not** have a Social Security Number

**Address:** \_\_\_\_\_ **APT#** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Part 7. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other Pacific Islander  Other

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

**Don't fill out this part. This is for school use only.**  Error-Prone  Directly Certified – Attach to match result

*Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12*

**Total Income:** \$ \_\_\_\_\_ **Per:**  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year **Household size:** \_\_\_\_\_

Case # Application **Eligibility:**  Free,  Reduced,  Denied -- Reason: \_\_\_\_\_ **Date Withdrawn:** \_\_/\_\_/\_\_

Temp. Free – Zero Income (45 days)  Temp. Free – homeless/migrant/runaway (30 days) **Temporary Free Expires:** \_\_/\_\_/\_\_

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_ **Date Notice Sent:** \_\_/\_\_/\_\_

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

**Follow-up Official's Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_  Selected for Verification (see attachment)

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b>			
For School Year 2007-2008			
Household size	Yearly	Monthly	Weekly
1	\$18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
Each additional person:	+6,438	+537	+124

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**Privacy Act Statement: This explains how we will use the information you give us.**

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 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 Food Stamp Program, Cash Assistance (CA) 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.