



CHICAGO PARK ELEMENTARY SCHOOL DISTRICT
15725 Mt. Olive Road, Grass Valley, CA 95945
(530) 346-2153 Fax (530) 346-8559
Katie Kohler, Superintendent/Principal

!!!!!!IMPORTANT!!!!!!

National School Lunch Program 2023/2024

While the state of California is offering free lunches to all students, we are still required to ask families to complete this form to be reimbursed for the National School Lunch Program. Therefore, we are asking **all families**, regardless of their intent to participate in the program, to please complete and return an application.

We also have a budget funding structure for public schools, which includes additional funding based on the number of students that qualify for free or reduced lunches through the National School Lunch Program.

Thank you for taking the time to complete the form and helping us to optimize our school funding.

If you have any questions regarding the lunch program or need assistance in completing the form, please feel free to contact me at (530) 346-2153 ext. 203.

Amy Chizek
Chicago Park School District
Business Official

PART I: Fill in the following information for a student living in your household

LAST NAME	FIRST NAME	BIRTHDATE (MM / DD / YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
SCHOOL (Write "NONE" if not in school)	GRADE	CLASSROOM
<input type="text"/>	<input type="text"/>	<input type="text"/>
		SCHOOL CODE
		<input type="text"/>

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$ _____

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member completing this form	Printed name of adult household member completing this form	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, b-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.



Income Eligibility Scales for School Year 2023–24

Income Eligibility Guidelines for Free and Reduced-price Meals or Free Milk in Child Nutrition Programs

Effective July 1, 2023, through June 30, 2024

Households with income at or below the following levels may be eligible for free or reduced-price meals or free milk. The household size and Income Eligibility Guidelines charts below have been prepared for you to copy and paste them into the Media Release and Letter to Households. Please note that the size of these charts will need to be adjusted manually.

National School Lunch and School Breakfast Programs

- Both free and reduced-price eligibility scales must appear in the Public Media Release
- Only the reduced-price eligibility scale must appear in the Letter to Households

Special Milk Program

- Only the free eligibility scale must appear in the Public Media Release and Letter to Households

Note: The new income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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

Reduced-price Eligibility Scale Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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

Questions: Nutrition Services Division | 800-952-5609

Last Reviewed: Wednesday, March 29, 2023

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Esta institución es un proveedor que ofrece igualdad de oportunidades.