

St. Elizabeth Seton School Pricing Letter to Household

School Year 2024-2025

Dear Parent or Guardian:

St. Elizabeth Seton School participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals/milk every school day from the LunchMaster. Students may order lunch and breakfast for free.

You or your children do not have to be United States citizens to qualify for [free or reduced-price meals **OR** free milk]. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application on our Seton website.

Letter to Household for [Free and Reduced-Price Meals OR Free Milk]

Qualification

Effective July 1, 20XX–June 30, 20XX

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

Effective from July 1, 2024, through June 30, 2025

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 Public 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

Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,578	\$ 1,632	\$ 816	\$ 753	\$ 377
2	\$ 26,572	\$ 2,215	\$ 1,108	\$ 1,022	\$ 511
3	\$ 33,566	\$ 2,798	\$ 1,399	\$ 1,291	\$ 646
4	\$ 40,560	\$ 3,380	\$ 1,690	\$ 1,560	\$ 780
5	\$ 47,554	\$ 3,963	\$ 1,982	\$ 1,829	\$ 915
6	\$ 54,548	\$ 4,546	\$ 2,273	\$ 2,098	\$ 1,049
7	\$ 61,542	\$ 5,129	\$ 2,565	\$ 2,367	\$ 1,184
8	\$ 68,536	\$ 5,712	\$ 2,856	\$ 2,636	\$ 1,318
For each additional family member, add:	\$ 6,994	\$ 583	\$ 292	\$ 269	\$ 135

Direct Certification

An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

Verification:

School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

Women, Infants, and Children (WIC) Participants

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be eligible for [free or reduced-price meals **OR** free milk] by completing an application.

Homeless, Migrant, Runaway, and Head Start

Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 650-326-9004.

Foster Child

The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster children are not eligible, this does not prevent a foster child from receiving free meals.

Fair Hearing

If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing to the following: Miguel Rios, 1095 Channing Ave Palo Alto, Ca. 94301, 650-326-9004.

Eligibility Carryover

Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for [meals **OR** milk], unless the household receives a notification letter for [free or reduced-price meals **OR** free milk]. School officials are not required to send a reminder or expired eligibility notices.

Nondiscrimination 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](#) (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.

How to Apply for [Free and Reduced-Price Meals OR Free Milk]

Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

- 1. Student Information**—Include **all students**. This includes all students enrolled in or out of the district within the household and the application should notate if the students attend different schools, if applicable. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the **Foster** box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable **Homeless, Migrant, or Runaway** box and complete all **STEPS** of the application.
- 2. Assistance Programs**—If **any** household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.
- 3. Report Income for all Household Members**—Must report **gross** income (before deductions) from **all** household members (children and adults) in whole dollars. Enter **0** for any household member that does not receive income.

Report the combined **gross** income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and nonfoster children on the same application.

Print the names (first and last) of **all other** household members not listed in STEP 1, including yourself. Report the total **gross** income from each source and enter the appropriate pay period.

Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3.

Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the **NO SSN** box.

4. **Contact Information and Adult Signature** –The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

Optional – Children's Ethnic and Racial Identities

This field is optional to complete and does not affect your children's eligibility for [free or reduced-price meals **OR** free milk]. Please check the appropriate boxes.

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, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or 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 an SSN by selecting the checkbox. 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.

Questions or Assistance

Please contact Miguel Rios at 650-326-9004.

Submit

Please submit a complete application to your child's school. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,

St. Elizabeth Seton School