

To: The Parents/Guardians of UPREP Students

From: Fred Schafer, Shasta Union High School District Director of Nutrition Services

Subject: Possible Continuation of Free Breakfast and Lunch meals

Date: September 20, 2022

As you may know Shasta Union High School District is now providing FREE breakfast and lunch to all of the students at UPREP. We are able to do so due to the California Assembly Bill No. 130 which allows for "universal meals" meaning all students can receive free meals without having to qualify for those free meals as in the past.

However, because the school meals program is a federal program under the jurisdiction of the United States Department of Agriculture (USDA), Shasta Union High School District is still required to have parents/guardians complete the necessary forms for us to continue providing free breakfast and lunch meals to the students of UPREP.

In order to insure that we can continue providing these FREE meals under the California Universal Meals Program, we are asking you to complete our district "Fair Share Survey" by September 30, 2022 so that we are compliant with the USDA requirements. Additionally, by completing this form you will assist us in gaining and maintaining funding that helps support many of our programs which enrich your student's education and school experience.

The simplest, fastest and preferred way to do this is with our simple online form which can be found by clicking here: [Online FREE Meals Form](#). Or, I have attached a copy of our district Fair Share Survey which you can print and complete and either:

- Scan and email back to me at my email address below.
- Mail to us at: SUHSD Nutrition Services, 2200 Eureka Way, Rdg, CA 96001
- Have your student take directly to the Kitchen Manager at UPREP, Mara Covington

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 we want to insure that we can keep the California Universal Meals Program in place for the foreseeable future. Your assistance with completing these forms will help us in this endeavor.

Please feel free to contact me via email at fschafer@suhsd.net or at 530-245-2628 if you have any questions. Thank you.



SHASTA UNION HIGH SCHOOL DISTRICT

Your Child's Fair Share Survey 2022-2023

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

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, CalWORKS, Kin-Gap, or FDPIR Case Number
Last Name	First Name			Foster	Homeless	Migrant	Runaway	

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?	

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				
		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>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.</i>			
Printed Name of Adult:		Signature of Adult:	
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: Week	Bi-Weekly
		2x Month	Month
		Year	
Approved as:	Verified As:	Additional Info:	
<input type="checkbox"/> Free	<input type="checkbox"/> Homeless	<input type="checkbox"/> Categorical Eligible	<input type="checkbox"/> Incomplete
<input type="checkbox"/> Reduced	<input type="checkbox"/> Migrant	Direct Certified:	<input type="checkbox"/> Error Prone
<input type="checkbox"/> Denied (reason): _____	<input type="checkbox"/> Runaway	<input type="checkbox"/> CalWorks	<input type="checkbox"/> Family Verified
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Calfresh	
Determining Official: _____	Date: _____	Confirming Official: _____	Date: _____

SHASTA UNION HIGH SCHOOL DISTRICT
Your Child's Fair Share Survey 2022-2023
(Complete **ONE** Application per SUHSD Household)

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

- Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call

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.

SHASTA UNION HIGH SCHOOL DISTRICT Your Child's Fair Share Survey 2022-2023

(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?



sign and return.

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

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 Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$17,667	\$1,473	\$737	\$680	\$340
2	\$23,803	\$1,984	\$992	\$916	\$458
3	\$29,939	\$2,495	\$1,248	\$1,152	\$576
4	\$36,075	\$3,007	\$1,504	\$1,388	\$694
5	\$42,211	\$3,518	\$1,759	\$1,624	\$812
6	\$48,347	\$4,029	\$2,015	\$1,860	\$930
7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048
8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166
For each additional family member, add:	\$6,136	\$512	\$256	\$236	\$118

Reduced-price Eligibility Scale Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For each additional family member, add:	\$8,732	\$728	\$364	\$336	\$168