



ADMINISTRATIVE CENTER

7650 N. 43rd Avenue
Glendale, AZ 85301-1661
Tel 623.435.6000
Fax 623.435.6078
www.guhsdaz.org

GOVERNING BOARD

Patty Kennedy, President • Susan Maland, Clerk
Laura Arita • Patti Hussey • Pam Reicks

SUPERINTENDENT

Brian Capistran

Dear Parent/Guardian:

Children need healthy meals to learn. **Glendale Union High School District** offers healthy meals to all students every school day. A breakfast meal combo costs \$1.50 and a lunch meal combo costs \$3.25. Your children may qualify for free meals or reduced-price meals. A reduced-price breakfast meal combo costs \$0.30 and a reduced-price lunch meal combo costs \$0.40. Families are encouraged to submit a school meal application for free or reduced-price meal benefits. You can also submit an application online at www.guhsdaz.org. By completing the meal application, you may also benefit from other programs such as the following:

- EBT benefits
- Maintains funding for student programs and services
- Reduced registration fees for AP, SAT, and/or ACT tests
- Free and discounted fees to participate in most sports
- Discounted rates on fees associated with applying for college
- Eligible for discounted rates on Internet services

This packet includes a school meal application for free or reduced-price meal benefits, application directions, and an Opt-Out of Sharing Eligibility information form. Below are some common questions and answers to help you with the application process.

1. WHO IS ELIGIBLE FOR FREE MEALS?

- All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF** can get free meals regardless of your income.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start Program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children can get free or reduced-price meals if your household’s gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

| Federal Eligibility Income Chart for School Year 2022-2023 | | | |
|--|---------------|----------------|---------------|
| Household Size | Yearly Income | Monthly Income | Weekly Income |
| 1 | \$25,142 | \$2,096 | \$484 |
| 2 | \$33,874 | \$2,823 | \$652 |
| 3 | \$42,606 | \$3,551 | \$820 |
| 4 | \$51,338 | \$4,279 | \$988 |
| 5 | \$60,070 | \$5,006 | \$1,156 |
| 6 | \$68,802 | \$5,734 | \$1,324 |
| 7 | \$77,534 | \$6,462 | \$1,492 |
| 8 | \$86,266 | \$7,183 | \$1,659 |
| Each additional person: | +\$8,732 | +\$728 | +\$168 |

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail the school social worker.



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3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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. Please apply online at www.guhsdaz.org.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact the school cafeteria manager immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.guhsdaz.org to begin. You can learn more about the online application process by contacting the school cafeteria manager or GUHSD Food Service Office at 623-435-6040.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **September 19, 2022**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you DO NOT send in a new application and is approved by the school or you have not been notified that your child is eligible for free or reduced meal benefits, your child is *not* eligible for the current school year.
7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who become unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to the school cafeteria manager. You may also ask for a hearing by calling or writing to: **GUHSD Food Services, 7650 N. 43rd Ave. Glendale, AZ 85301; (623) 435-6040.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 (zero) in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.



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14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help you may contact your child's school cafeteria manager or our office at (623) 435-6040.

Sincerely,

GUHSD Food Services

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, audiotope, 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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **Glendale Union High School District (GUHSD)**. The application must be filled out completely to certify your children for free or reduced-price school meals.

2022-2023 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS FORM.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **your child's school cafeteria**.

Please **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the grade, name of the school, and students ID number.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box along the same line as the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle the name of the program. List the case number in the large box labeled Case Number and go directly to **STEP 4.**

If No- Leave this section blank and **go to STEP 3.**

STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Child Gross Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

| Sources of Income for Children | |
|--|---|
| Type of Income | Examples |
| Earnings from work | A child has a job where they earn a salary or wages. |
| Social Security <ul style="list-style-type: none"> Disability payments Survivor Benefits | <p>A child is blind or disabled and receives Social Security benefits.</p> <p>A parent is disabled, retired, or deceased and their child receives social security benefits.</p> |
| Income from persons <i>outside</i> the household | A friend or extended family member <i>regularly</i> gives a child spending money. |
| Income from any other source | A child receives income from a private pension fund, annuity or trust. |

B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP1.** List one name per line, and write both first and last name. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

| Sources of Income for Adults | | |
|--|--|--|
| Earnings from Work | Public Assistance/ Alimony/Child Support | Pensions/Retirement/All Other Income |
| <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>For military families:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) Allowances for off-base housing, food and clothing | <ul style="list-style-type: none"> Unemployment benefits Workers Compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits | <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment Income Earned Interest Rental Income Regular cash payments from outside household |

C. Total number of household members and SSN.

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed it should be delivered to your child's school cafeteria.

OPTIONAL INFORMATION

The next page provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

The information you gave on your application for Free and Reduced Price School Meals may be shared with other programs for which you may qualify. If you **DO NOT** wish for your information to be shared, you **MUST** check the "NO" box.

This institution is an equal opportunity provider.

2022-2023 GUHSD Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

| | |
|----------------------------------|---|
| Office use only | Eligibility (circle one): Free Reduced Denied |
| Application Number: _____ | |

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

| Child's First Name | M | Child's Last Name | Grade | School Name | Student ID Number |
|--------------------|---|-------------------|-------|-------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Check all that apply | Foster Child | Runaway, Migrant, Homeless |
|----------------------|--------------------------|----------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3.
If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)
Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

| | | | | | | | | |
|----|--|--|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | | | How often? | | | |
| | | | | | Weekly | Bi-Weekly | 2x Month | Monthly |
| \$ | | | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Are you unsure what income to include here?

Flip to the next page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Member (First & Last Name) | Gross Earnings from Work | How often? | | | | Public Assistance/Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--------------------------|------------|-----------|----------|---------|---|------------|-----------|----------|---------|---------------------------------------|------------|-----------|----------|---------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly |
| | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | |
| | \$ | | | | | \$ | | | | | \$ | | | | |

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

| | | | | |
|---|---|---|---|---|
| X | X | X | X | X |
|---|---|---|---|---|

 Check if no SSN

STEP 4 Contact information and adult signature Give Completed Form to your Child's School Cafeteria.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

| | |
|--|------------------------------------|
| | |
| Signature of Adult completing the form | Today's Date |
| | |
| Printed name of Adult | Daytime phone and Email (optional) |
| | |
| Street Address (if applicable) | Apt. # City State Zip |

Office Use Only

Date Received: _____

Determining Official's Signature: _____ **Date:** _____

Directly Certified: Date of Disregard: _____

Selected for Verification

| Sources of Income for Children | |
|---|--|
| Type of Income | Examples |
| Earnings from work | A child has a job where they earn a salary or wages. |
| Social Security -Disability payments -Survivor Benefits | A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits. |
| Income from persons <i>outside</i> the household | A friend or extended family member <u>regularly</u> gives a child spending money. |
| Income from any other source | A child receives income from a private pension fund, annuity or trust. |

| Sources of Income for Adults | | |
|---|--|---|
| Earnings from Work | Public Assistance/ Alimony/Child Support | Pensions/Retirement/All Other Income |
| - Salary, wages, cash bonuses | - Unemployment benefits | - Social Security (including railroad retirement and black lung benefits) |
| - Net income from self-employment (farm or business) | - Workers Compensation | - Private Pensions or disability |
| If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) | - Supplemental Security Income (SSI) | - Regular income from trusts or estates |
| -Allowances for off-base housing, food and clothing | - Cash Assistance from State or local government | - Annuities |
| | - Alimony payments | - Investment Income |
| | - Child support payments | - Earned Interest |
| | - Veteran's benefits | - Rental Income |
| | - Strike benefits | - Regular cash payments from outside household |

OPTIONAL Children's Racial and Ethnic 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

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 social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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.

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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S Washington, D.C. 20250-9410; 3. fax: (202) 690-7442; or 4. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save time and effort, the information you gave on your application for Free and Reduced-Price School Meals may be shared with other programs for which you may qualify. Qualifying for the Free and Reduced Lunch Program may also qualify you for fee waivers in some of the following programs:

- PSAT
- PSAT10
- PreACT
- ACT SAT
- AP EXAMS
- NCAA Clearing House
- College Applications

Sending in this form will not change whether your children get Free or Reduced-Price Meals.

If you DO NOT wish for your information to be shared, you MUST complete the information below. In order to OPT OUT from sharing your information, please check below.

No! I DO NOT want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call our School Food Program Specialist at **623-435-6040** or e-mail at **Rosina.martinez@guhsdaz.org**

Return this form to: Your child's school cafeteria.

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