

**Income Eligibility Guidelines
for Free and Reduced-Price Meals or Free Milk
in Child Nutrition Programs
(Effective from July 1, 2015, to June 30, 2016)**

Participants from households with incomes at or below the following levels may be eligible for free and reduced-price meals or free milk:

Household size	Free Eligibility Scale for Lunch, Breakfast, and Milk					Reduced-Price Eligibility Scale for Lunch and Breakfast				
	Year	Month	Twice per Month	Every Two Weeks	Week	Year	Month	Twice per Month	Every Two Weeks	Week
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:										
	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

National School Lunch and School Breakfast Programs:

- **Both** of the above **Free and Reduced-Price Eligibility Scales** must appear in the **Sample Media Release**.
- **Only** the **Reduced-Price Eligibility Scale** may appear in the **Letter to Households**.

Milk Sponsors:

- **Only** the **Free Eligibility Scale** may appear in the annual **Sample Media Release** and **Letter to Households** for **Special Milk Program** participants that offer free milk to income-eligible students.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR YU MING CHARTER SCHOOL YEAR _____

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME

SECTION C. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER ()	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:				
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Mark one ethnic identity:				
<input type="checkbox"/> Of Hispanic or Latino origin		<input type="checkbox"/> Not of Hispanic or Latino origin		
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION				
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits				
Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):			Direct Certified as: H M R	EP <input type="checkbox"/>
Year Round Track:	Household Size:	Household Income:		
Determining Official:	Date:	2 nd Review – Official:	Date:	
Verification Official:	Date:	Follow up:		