



August 19, 2021

Dear Parents,

On behalf of the Kentfield School District, we are happy to provide you with information regarding eligibility for the Free and Reduced School Lunch Program. Attached are the eligibility guidelines from the California Department of Education.

To apply, please fill out the application and return it directly to me in the District Office. **Please be sure to include documentation of your proof of income, or your CalFresh, CalWorks, or your FDPIR case number, and your contact information.**

All information provided will be kept confidential.

**Families are required to re-apply for free and reduced-price lunches annually.**

Your participation in this program provides, at no charge to you:

PE uniforms, field trips, yearbooks, school supplies, and free membership to the KSPTA.

Visit the KSPTA website for more information on the lunch program.

Feel free to contact me if you have questions.

Sincerely,

Cyd Amaral

Assistant to the Superintendent

Kentfield School District

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**Kent Middle School**

800 College Avenue  
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## Income Eligibility Guidelines for Free and Reduced price Meals or Free Milk

*Effective July 1, 2020, through June 30, 2021*

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 16,588	\$ 1,383	\$ 692	\$ 638	\$ 319
2	\$ 22,412	\$ 1,868	\$ 934	\$ 862	\$ 431
3	\$ 28,236	\$ 2,353	\$ 1,177	\$ 1,086	\$ 543
4	\$ 34,060	\$ 2,839	\$ 1,420	\$ 1,310	\$ 655
5	\$ 39,884	\$ 3,324	\$ 1,662	\$ 1,534	\$ 767
6	\$ 45,708	\$ 3,809	\$ 1,905	\$ 1,758	\$ 879
7	\$ 51,532	\$ 4,295	\$ 2,148	\$ 1,982	\$ 991
8	\$ 57,356	\$ 4,780	\$ 2,390	\$ 2,206	\$ 1,103
For each additional family member, add:	\$ 5,824	\$ 486	\$ 243	\$ 224	\$ 112

## Reduced-price Eligibility Scale Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
For each additional family member, add:	\$ 8,288	\$ 691	\$ 346	\$ 319	\$ 160

**School Year 2021–22 Kentfield School District Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

**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 federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.**

**STEP 1 – STUDENT INFORMATION**

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

Print the name of <b>EACH STUDENT</b> (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	Foster	Homeless	Migrant	Runaway
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If <b>YES</b> , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Total Student Income	How Often
\$	

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List **ALL** household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of <b>ALL OTHER</b> Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

**C. Total Household Members** (Children and Adults)

**D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member**

Check the box if **NO SSN**

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: 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 this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State:    Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size <input type="text"/> <input type="text"/>	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

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.
<b>Ethnicity (check one):</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race (check one or more):</b>
<input type="checkbox"/> American Indian or Alaskan 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