

## MINGUS UNION HIGH SCHOOL

Dear Parent/Guardian:

Children need healthy meals to learn. **MINGUS UNION HIGH SCHOOL** offers healthy meals every school day. **Breakfast costs [\$1.50]; lunch costs [\$2.90]. Your children may qualify for free meals or for reduced-price meals. Reduced-price is [\$0.30] for breakfast and [\$0.40] for lunch. This packet includes a school meal application for free or reduced-price meal benefits, application directions, [and Consent for Sharing form]. Below are some common questions and answers to help you with the application process.**

**1. WHO IS ELIGIBLE FOR FREE MEALS?**

- a. 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.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. 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.

| <b>Federal Eligibility Income Chart for School Year 2022-2023</b> |                      |                       |                      |
|---|----------------------|-----------------------|----------------------|
| <b>Household Size</b>   | <b>Yearly Income</b> | <b>Monthly Income</b> | <b>Weekly Income</b> |
| 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             | \$7,189               | \$1,659              |
| <b>Each additional person:</b>                                    | <b>+\$8,732</b>      | <b>+\$728</b>         | <b>+\$168</b>        |

- 2. 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 [Mingus Union High School Gretchen Wesbrock 928-634-7531 Ext: 1318 or gwesbrock@muhs.com].
- 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. Return the

completed application to: [ATTN: Food Service Dept Mingus Union High School, 1801 E Fir ST Cottonwood AZ, 86326 928-849-4447].

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 [Marylou Lopez 928-649-4447] immediately.

5. CAN I APPLY ONLINE? YES

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 **Mingus Union High School** to begin. OR [To learn more about the online application process, contact [Marylou Lopez 928-649-4447 or [mlopez@muhs.com](mailto:mlopez@muhs.com)] if you have any questions about the online application]

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 **[09-15-2022]**. 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 that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
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 becomes unemployed may become eligible for free and 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 school officials. You also may ask for a hearing by calling or writing to: [Lynn Leonard 928-634-8901 or 1801 E Fir ST Cottonwood AZ, 86326 ].
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 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.

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. Contact [Marylou Lopez 928-649-4447 [mlopez@muhs.com](mailto:mlopez@muhs.com)] to receive a second 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, call [928-649-4447].

Sincerely,

Nutrition Services Director

*Marylou Lopez*

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*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, SW  
Washington, D. C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov)

*This institution is an equal opportunity provider.*

LAST NAME

AP#

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

Complete one application per household. Please use a **Pen & not a Pencil!**

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.

| Child's First Name | MI | Child's Last Name | School Name | Not a Member of Household? |
|--------------------|----|-------------------|-------------|----------------------------|
|                    |    |                   |             | <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"/>   |

**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.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDI/PR? (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: \_\_\_\_\_   
 Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered YES in 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.

| NAME OF CHILD | How often?               |                            | GROSS INCOME |
|---------------|--------------------------|----------------------------|--------------|
|               | Weekly                   | Bi-Weekly 2x Month Monthly |              |
|               | <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"/>   | \$           |
|               | <input type="checkbox"/> | <input type="checkbox"/>   | \$           |

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

| NAME OF ADULT HOUSEHOLD MEMBER (First and Last) | How often?               |                            | 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 |                                       | Weekly                   | Bi-Weekly 2x Month Monthly |
|   | <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"/>   |
|   | <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"/>   |
|   | <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"/>   |
|   | <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"/>   |

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]   
 Check if no SSN:

STEP 4 Contact Information and adult signature. Mail Completed Form to: Marquis Union High School Food Services, Dept. 1801 E. Fir St. Cottonwood, AZ 86026

Signature of adult completing the form: \_\_\_\_\_ Today's date: \_\_\_\_\_   
 Printed name of adult completing the form: \_\_\_\_\_ Daytime Phone and Email (optional): \_\_\_\_\_   
 Street Address (if available): \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE USE ONLY   
 Eligibility: Free  Reduced  Denied  Date: \_\_\_\_\_   
 Determining Official's Signature: \_\_\_\_\_   
 Case # Application:  Foster Application  Directly Certified  Date of Discharge: \_\_\_\_\_   
 Income Application:  Income self-report/runner    
 Household Size: \_\_\_\_\_ Per-Child:  Bi-Weekly (Every 2 Weeks)  Per Month  Monthly  Annual    
 Date: \_\_\_\_\_   
 Signature for Verification: Coordinating Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form**

**INSTRUCTIONS** Sources of Income

| 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            | A child is blind or disabled and receives Social Security benefits                           |
| - Survivor Benefits                              | A parent is disabled, retired, or deceased and their child receives social security benefits |
| Income from persons <u>outside</u> 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   |
| <ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul> | <ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers Compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash Assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul> | <ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment Income</li> <li>- Earned Interest</li> <li>- Rental Income</li> <li>- Regular cash payments from outside household</li> </ul> |

**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, health, and nutrition 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 based on 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%202019-2021-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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

FOR MORE INFORMATION CALL, NUTRITION SERVICES DIRECTOR MARYLOU LOPEZ 928-649-4447

## CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

The information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

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

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Yes. I DO want school officials to share information from my Free and Reduced-Price School Meals Application with [ Enrollment Fees].

Yes. I DO want school officials to share information from my Free and Reduced-Price School Meals Application with [ PSAT].

Yes. I DO want school officials to share information from my Free and Reduced-Price School Meals Application with [Registration Fees].

If you checked yes to any or all the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ For more information, you may call [Marylou Lopez] at [928-649-4447] or e-mail at [mlopez@muhs.com].

Return this form with your school meal application to: [ATTN: Food Service Dept: Mingus Union High School 1801 E Fir St Cottonwood AZ, 86326].

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