



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

1755 Airport Blvd. ~ Red Bluff, CA 96080 ~ Bus: (530) 527-7200 ~ Fax: (530) 527-9308
www.rbuesd.org

Superintendent
William McCoy

Assistant Superintendent
Claudia Salvestrin

Dear Parent,

The student nutrition service in each school provides nourishing, well-balanced meals each day.

All schools use a computerized system for students to pay for meals.

Since the student is required to give their name to the cashier, please have your child practice saying his or her name out loud. The student must also know their classroom number and their teacher's name. The computer each classroom's photos' with all the children's names and a corresponding code. Once the cashier "touch's" your child's name, the account appears on the screen. This process is quick and efficient.

Meal Prices

- Breakfast - \$0.65 daily/ \$3.25 week • Elementary and Middle School Lunch - \$2.00 daily/ \$10.00 week •
- Reduced Price Breakfast - \$0.30 daily/ \$1.50 week • Reduced Price Lunch -- \$0.40 daily/ \$2.00 week •
- Milk- \$0.25 each •

How To Prepay For Meals

A check or cash may be sent with your child to the cafeteria. Please place money in a sealed envelope. Or an envelope will be provided for your child at the cafeteria. On the outside of the envelope write the students first and last name and homeroom number.

Make checks payable to your school site name and cafeteria: Bidwell Cafeteria, Jackson Heights Cafeteria, Metteer Cafeteria, and Vista Cafeteria.

A non-sufficient funds fee will be charged for all returned checks, and returned checks will be held until payment is made.

You pay ONLY for meals your child eats. Accounts will not be charged until your child eats a meal. Activity reports are available upon request from the cafeteria. Money deposited into a student's account may be used only for complete meals. Ala Carte or snack items at Vista Preparatory Academy are on a cash basis only.

If a child's account is short of money and he/she does not bring a lunch to school, a complete meal will be provided two (2) times. The district has a policy of only two (2) charges allowed. If the account remains unpaid the student will then be served only a fruit or vegetable. A request for payment will go home with your child on the day of service. Any meals that have been provided will be deducted when payment is received for prepaid meals.

Bidwell Elementary 527-7171
Metteer Elementary 527-9015

Jackson Heights Elementary 527-7150
Vista Preparatory Academy 527-7840
Community Day School 527-6082

Money left in a student's account at the end of the year will be available for the students use the following year. Refunds from the student meal account are available with a written parent request. Requests should be given to the cafeteria. Charges that are not paid by the end of the school year will be carried over to the beginning of the next school year.

Intra-District Transfers

Your students account may be transferred overnight from any school site within the Red Bluff Union Elementary School District, when advance notification is provided. Please inform the cashier ahead of time for processing your account.

Vista Preparatory Academy students will need to know their student code to input it at breakfast or lunch. They will be sent this number prior to the beginning of each school year. It is extremely important that they do not share this number with fellow students, as it will be charged to their account.

Application Information

YOU MUST fill out and return an application at the beginning of each school year. With our computer program and for auditing purposes this is necessary. If your student has been on the free or reduced priced meal program for the previous school year, YOU MUST fill out an application again for the current school year. Please remember to put your child's registered name on the application so that we can find them in our system.

If you have more than one child in our school district, you may list all of them on one application even if they attend different school sites. We do not need an application for each child in your family.

You may fill out an application and return it to the District Office, 1755 Airport Blvd. prior to school beginning, and your child will be in the system when school begins. This will be a much easier transition for your child.

If you choose to wait until school begins, return your application as soon as possible, after two charges your child will be given only fruit or a vegetable until your application has been processed.

Once your child's application has been approved, you will receive a letter letting you know what they have qualified for, either free or reduced priced meals. Please be patient at the beginning of the school year as hundreds of applications are received in a short amount of time. Letters will be sent out as soon as possible. You can call the District Office to find out what your child's qualification is or if you have any questions, please contact Tina Egan, Food Service Director at 527-7200 ext. 109.

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HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the Application for Free and Reduced-Price Meals. You only need to submit **one** application per household, even if your children attend more than one school in **Red Bluff Union Elementary (RBUESD)**. The application must be filled out completely to certify your children for free or reduced-price meals.

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Margo Jessee or Tina Egan, 530-527-7200 ext. 110**

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income
- Students attending **RBUESD** regardless of age
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start
- Children receiving Kin-GAP benefits

- List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all the required information for the additional children.
- Is the child a student at Red Bluff Union Elementary?** Check 'Yes' or 'No' under the column titled "Student" to tell us which children attend **Red Bluff Union Elementary**?
- Do you have any foster children?** If any children listed are foster children, check the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are **only** applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4.
- Are any children homeless, migrant, runaway, or in Head Start?** If you believe any child listed in this section may meet this description, please check the "Homeless, Migrant, Runaway, Head Start" box next to the child's name and complete all steps of the application.
- Are any children receiving Kin-GAP benefits?** If you believe any child listed in this section may meet this description, please enter the "Kin-GAP Case Number" in the box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOURSELF) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- CalFresh
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- The Food Distribution Program on Indian Reservations (FDPIR)

A. IF YES:

- Check the applicable program box
- Enter your/your family member's case number. You must provide an acceptable case number on your application. If you participate in one of these programs and do not know your case number, contact your local agency.
- Skip to STEP 4

B. IF NO:

- Leave STEP 2 blank
- Skip to STEP 3 on the application and follow the instructions from STEP 3

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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

What is Child 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.

Sources of Income for Children

| Sources of Child Income | Example(s) |
|---|---|
| Earnings from work | A child has a job where they earn a salary or wages. |
| Social Security Disability payments Survivor's 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 outside the household | A friend or extended family member regularly gives a child spending money. |

Income from any other source

A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do not include people who:

- Live with you, but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in STEP 1

FOR EACH TYPE OF INCOME:

How do I fill in the income amount and source?

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any income fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials possess or have access to information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B. List adult household member's name. 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 STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C. Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D. Report income from public assistance/child support/alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If

income is received from child support or alimony, only court-ordered payments should be reported here. Informal, but regular payments should be reported as "other" income in the next part.

- E. **Report income from pensions/retirement/all other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
- F. **Report total household size.** Enter the total number of household members in the field "Total Household Members." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.
- G. **Provide the last four digits of your Social Security number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members has a SSN, leave this space blank and check the box to the right labeled "Check if no SSN."

| 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) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans 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 |

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please make sure you have read the privacy and civil rights statements.**

- A. **Provide your contact information.** Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. **Sign and print your name.** Print your name in the box "Printed Name of Adult Completing the Form" and sign your name in the box "Signature of Adult Completing the Form."
- C. **Write today's date.** In the space provided, write today's date in the box.
- D. **Share children's racial and ethnic identities (optional).** This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

E. Consent to share information for CalFresh benefits (optional). This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

If you have any questions or need help, please call 530-527-7200 ext. 110.

Sincerely,

Tina Egan
Nutrition & Facilities Director