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# More than a Meal

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## Did you know?

Completing the Meal Application helps in many areas beyond just school meals. Just one form ensures continued funding to support all students in the Wilmar Union School District.

WITH JUST ONE APPLICATION YOU CAN GET:

### ADDITIONAL BUDGETS

Increased state & federal funding for students, staff, equipment & supplies.



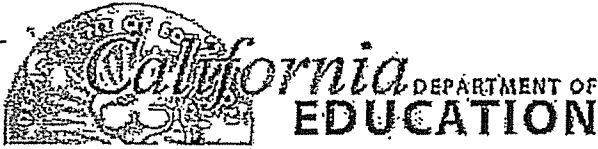
### COMPUTER NETWORK

More funding for internet access, wireless & network services. Discount fees for home internet.

FILL OUT AND RETURN APPLICATION ON:

AUGUST 15TH (PASSPORT NIGHT)

ONE APPLICATION PER FAMILY



Home / Learning Support / Nutrition / Rates, Eligibility Scales, & Funding

## Income Eligibility Scales for School Year 2024–25

Income Eligibility Guidelines for Free and Reduced-price Meals or Free Milk in Child Nutrition Programs.

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### Income Eligibility Guidelines for Free and Reduced-price Meals or Free Milk in Child Nutrition Programs

Effective from July 1, 2024, through June 30, 2025

Households with income at or below the following levels may be eligible for free or reduced-price meals or free milk. The household size and Income Eligibility Guidelines charts below have been prepared for you to copy and paste them into the Public Media Release and Letter to Households. Please note that the size of these charts will need to be adjusted manually.

#### National School Lunch and School Breakfast Programs

- Both free and reduced-price eligibility scales must appear in the Public Media Release
- Only the reduced-price eligibility scale must appear in the Letter to Households

#### Special Milk Program

- Only the free eligibility scale must appear in the Public Media Release and Letter to Households

#### Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,578	\$ 1,632	\$ 816	\$ 753	\$ 377
2	\$ 26,572	\$ 2,215	\$ 1,108	\$ 1,022	\$ 511

3	\$ 33,566	\$ 2,798	\$ 1,399	\$ 1,291	\$ 646
4	\$ 40,560	\$ 3,380	\$ 1,690	\$ 1,560	\$ 780
5	\$ 47,554	\$ 3,963	\$ 1,982	\$ 1,829	\$ 915
6	\$ 54,548	\$ 4,546	\$ 2,273	\$ 2,098	\$ 1,049
7	\$ 61,542	\$ 5,129	\$ 2,565	\$ 2,367	\$ 1,184
8	\$ 68,536	\$ 5,712	\$ 2,856	\$ 2,636	\$ 1,318
For each additional family member, add:	\$ 6,994	\$ 583	\$ 292	\$ 269	\$ 135

**Reduced-price Eligibility Scale  
Meals and Snacks**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 27,861	\$ 2,322	\$ 1,161	\$ 1,072	\$ 536
2	\$ 37,814	\$ 3,152	\$ 1,576	\$ 1,455	\$ 728
3	\$ 47,767	\$ 3,981	\$ 1,991	\$ 1,838	\$ 919
4	\$ 57,720	\$ 4,810	\$ 2,405	\$ 2,220	\$ 1,110
5	\$ 67,673	\$ 5,640	\$ 2,820	\$ 2,603	\$ 1,302
6	\$ 77,626	\$ 6,469	\$ 3,235	\$ 2,986	\$ 1,493
7	\$ 87,579	\$ 7,299	\$ 3,650	\$ 3,369	\$ 1,685

8	\$ 97,532	\$ 8,128	\$ 4,064	\$ 3,752	\$ 1,876
<b>For each additional family member, add:</b>	\$ 9,953	\$ 830	\$ 415	\$ 383	\$ 192

**Questions: Nutrition Services Division | 800-952-5609**

Last Reviewed: Thursday, March 14, 2024

This Institution is an equal opportunity provider.  
 Esta Institución es un proveedor que ofrece igualdad de oportunidades.

**Wilmar/Wilson 2022/2023 School 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 EACH STUDENT (First, Middle Initial, Last)

EXAMPLE: Joseph Adams	Lincoln Elementary	15	12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.		
				Foster	Homeless	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"/>

**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 YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:  CalFresh  CalWORKs  FDIPIR

Enter Case Number: \_\_\_\_\_

**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, ZW = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

**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, ZW = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER 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	Total Student Income	
							How Often	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

**DO NOT COMPLETE. SCHOOL USE ONLY**

How Often?  Bi-Weekly  Twice a Month  Monthly  Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Size:  Free  Reduced-price  Paid (Denied)

Eligibility Status:  Verified as:  Homeless  Migrant  Runaway

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

**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.

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