

Dear Parent or Guardian:

Hebrew Academy has begun participating in the National School Lunch Program and offers nutritious meals every school day. Students may buy lunch at the cost of \$5 a lunch.

Eligible students may receive meals free of charge or at the reduced-price.

(You or your children do not have to be United States citizens to qualify for free or reduced-price meal)

Your children may qualify for free or reduced-price meals if your household income falls at, below or above (%30 more or %85 ) the federal Income Eligibility Guidelines below.

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2023 to June 30, 2024											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1 .....	14,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2 .....	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3 .....	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4 .....	30,000	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5 .....	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6 .....	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7 .....	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8 .....	50,560	93,535	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	557	279	257	129

If your household is within the income eligibility above, please fill out the attached application form so that we can process your request.

An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals.

If you need any help filling out the application or any other questions, please reach out to Kate or Mrs. Amina Newman at (714) 898-0051 or [lunch@hacds.org](mailto:lunch@hacds.org).

Sincerely,

Rabbi Rapoport

Hebrew Academy Faculty

Food Program Director

### Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**School Year 2023-2024 Hebrew Academy 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)**

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Enter the <b>TOTAL GROSS</b> income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: <b>W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly</b>						Total Student Income	How Often
						\$	
<b>B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):</b> List <b>ALL</b> household members not listed in STEP 1, even if they do not receive income. For each household member, report the <b>TOTAL GROSS</b> 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: <b>W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly</b>							
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	
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
<b>C. Total Household Members</b> (Children and Adults)		<b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>		<b>Check the box if NO SSN</b>			
				<input type="checkbox"/>			

**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 Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12			Total Household Income
			\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)		<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		<input type="checkbox"/> Error Prone
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.

**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

**Our school would love to help enable your child to enjoy a nutritious lunch daily.**

**Please call (714) 898-0051 / [lunch@hacds.org](mailto:lunch@hacds.org) or reach out to Mrs. Amina Newman for help filling out this form.**