



Pacific Collegiate School

A Public Charter School
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Santa Cruz, California 95060

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Dear PCS Parent or Guardian,

This letter and form are required for our revenue calculation process for the Free and Reduced-Price Lunch program. While we realize that many students attending PCS are not eligible for this program, we still need to provide information to the State of California so they can determine which school districts need more financial help for their students. As part of this process, the State requires parents and guardians to provide information on their household incomes. We understand for many people that their financial information is very private. We want to emphasize that the applications are treated with the upmost care and confidentiality. This information is only used for the determination of eligibility for the Free and Reduced-Price Lunch program.

For households with incomes that are eligible, your student may also be eligible for test fee waivers including the SAT, ACT, AP, and some college application fees.

For households who are sure that they are ineligible, please complete Step 1 and 4, and write "opt out" at the top of your form.

Thank you very much.

Sincerely,

The PCS Staff



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Income Eligibility Scales for School Year 2018–19

Income eligibility guidelines for free and reduced-price meals or free milk in Child Nutrition Programs.

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

Effective July 1, 2018, through June 30, 2019, participants from households with incomes at or below the following levels may be eligible for free or reduced-price meals or free milk.

Note: The new income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 15,782	\$ 1,316	\$ 658	\$ 607	\$ 304
2	\$ 21,398	\$ 1,784	\$ 892	\$ 823	\$ 412
3	\$ 27,014	\$ 2,252	\$ 1,126	\$ 1,039	\$ 520
4	\$ 32,630	\$ 2,720	\$ 1,360	\$ 1,255	\$ 628
5	\$ 38,246	\$ 3,188	\$ 1,594	\$ 1,471	\$ 736
6	\$ 43,862	\$ 3,656	\$ 1,828	\$ 1,687	\$ 844
7	\$ 49,478	\$ 4,124	\$ 2,062	\$ 1,903	\$ 952
8	\$ 55,094	\$ 4,592	\$ 2,296	\$ 2,119	\$ 1,060
For each additional family member, add:	\$ 5,616	\$ 468	\$ 234	\$ 216	\$ 108

Reduced-price Eligibility Scale Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
For each additional family member, add:	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

- ⌘ Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Supplemental Nutrition Assistance Program (SNAP) benefits—known as CalFresh in California, Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of Temporary Assistance for Needy Families—known as CalWORKs in California. Those children are automatically eligible for free meal benefits.
- ⌘ In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse as well as any persons who are economically dependent on the adult participant. This scale does not apply to members of SNAP households, or recipients of Supplemental Security Income, Medicaid (known as Medi-Cal in California), or FDPIR benefits. Those participants are automatically eligible for free meals.

Questions: Nutrition Services Division | 800-952-5609

Last Reviewed: Monday, May 14, 2018

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

School Year 2018-2019 Pacific Collegiate 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 P. Adams		Enter school name and grade level Lincoln Elementary		Enter student's birthdate 12-15-2010		Check the applicable box if the student is foster, homeless, migrant, or runaway.							
						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"/>	

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, 2W = 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
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

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

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? Weekly Bi-Weekly Monthly Yearly

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

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

Verified as: Homeless Migrant 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.

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