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"Honor the Past, Live in the Present, Drive to the Future....The Mesa Way!"

LATE-BREAKING ADDITIONS TO THE MESA MATTERS THIS WEEK

September 5, 2017

Dear Mesa Families,

We are blessed as a community to have so much generosity and giving among our families. Please see the attached flyers for another opportunity to support the victims of Hurricane Harvey. This effort is being coordinated by Mrs. Fisher's 4th grade class, Ms. Nguyen's junior high classes, and the Boisselier family.

Yours, Dr. Bluestein



Dear Mesa Families,

Please be reminded that all families should submit the Mesa Union School District 2017-2018 Application for Free and Reduced-Price Meals application that went home with your child on the first day of school. The federal government gives schools a 30-day window after the start of school to continue last school year's data, but that cut-off is fast approaching. Please submit the attached form to Jolana Ramirez in the office at your earliest convenience. Of course, all information on this application is kept strictly confidential.

Yours, Dr. Bluestein

Now accepting donations of any amount for the victims of

Hurricane Harvey

Contributions will be donated to the



Bring your donations to

Mrs. Fisher's class in 4th Gr.

Ms. Nguyen's class in Jr. High

THANK YOU FOR YOUR GENEROSITY

Now accepting donations of any amount for the victims of

Hurricane Harvey

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Bring your donations to

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Ms. Nguyen's class in Jr. High

THANK YOU FOR YOUR GENEROSITY

Complete one application per household.

Mesa Union School District 2017-2018 Application for Free and Reduced-Price Meals

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at <https://mesaschool.vcoe.org/sonline/Main/Login>. 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 1st	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"/>
			<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

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

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/Retire ment/All Other Income	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 <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 prosecuted under applicable state and federal laws, 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

Signature of adult completing this application: _____

Print Name: _____ Date: _____

Mailing Address: _____ Phone Number: _____

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

DO NOT COMPLETE. SCHOOL USE ONLY

How often: Weekly Biweekly Twice a Month Monthly Yearly

Eligibility Status: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Household Size: _____ Household Income: _____

Verifying Official's Signature: _____ Date: _____

School Year 2017-2018
Dear Parent or Guardian:

The Mesa Union School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$2.65 and breakfast for \$1.25. Eligible students may receive meals free of charge or at the reduced-price rate of \$.40 for lunch and \$.30 for breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application at <https://mesaschools.coe.org/sonline/Main/Login>.

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal income Eligibility Guidelines below.

Household Size	Income Eligibility Guidelines July 1, 2017-June 30, 2018			
	Year	Month	Twice Per Month	Week
1	\$ 22,311	\$ 1,860	\$ 930	\$ 430
2	30,044	2,504	1,252	578
3	37,777	3,149	1,575	727
4	45,510	3,793	1,897	876
5	53,243	4,437	2,219	1,024
6	60,976	5,082	2,541	1,173
7	68,709	5,726	2,863	1,322
8	76,442	6,371	3,186	1,471
	\$ 7,733	\$ 645	\$ 323	\$ 149

For each additional family member, add:

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, CalFresh Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

HOW TO APPLY FOR REDUCED-PRICE MEALS - Complete one application per household. Please do not complete more than one application.

STEP 1: STUDENT INFORMATION - Include ALL STUDENTS who attend Mesa Union School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete ALL STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS - If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS - Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a

ADULT HOUSEHOLD MEMBER AND SIGNATURES

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at (805) 485-1411.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Jeff Turner, 3901 North Mesa School Rd, Somis, Ca 93066, (805) 485-1411.

ELIGIBILITY CARRY-OVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-3339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.wasr.usda.gov/complaint_filing_usd.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intakes@usda.gov.

This institution is an equal opportunity provider.

ADULT HOUSEHOLD MEMBER SIGNATURE: The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES - This field is optional to complete and does not affect your child's eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for you 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.

QUESTIONS/NEED ASSISTANCE: Please contact the school office at 805-485-1411. **SUBMIT:** Please submit a complete application to your child's school or the nutrition office at 3901 North Mesa School Rd, Somis, Ca 93066. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Mesa Union School District