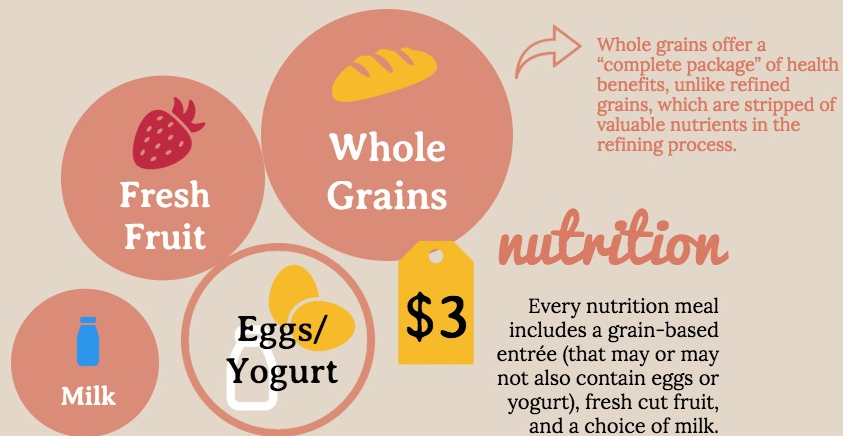


# What's in an Oak Park Meal?

Brookside | Oak Hills | Red Oak

Oak Park Unified School District is a participant in the National School Lunch and School Breakfast programs, which offer healthy, balanced meals to students during the school day. All meals are planned in accordance to the nutrition standards for school food mandated by the USDA and CDE.



Diets rich in whole grains and fresh fruit and vegetables may help to reduce the risk of heart disease, certain types of cancer, and diabetes.

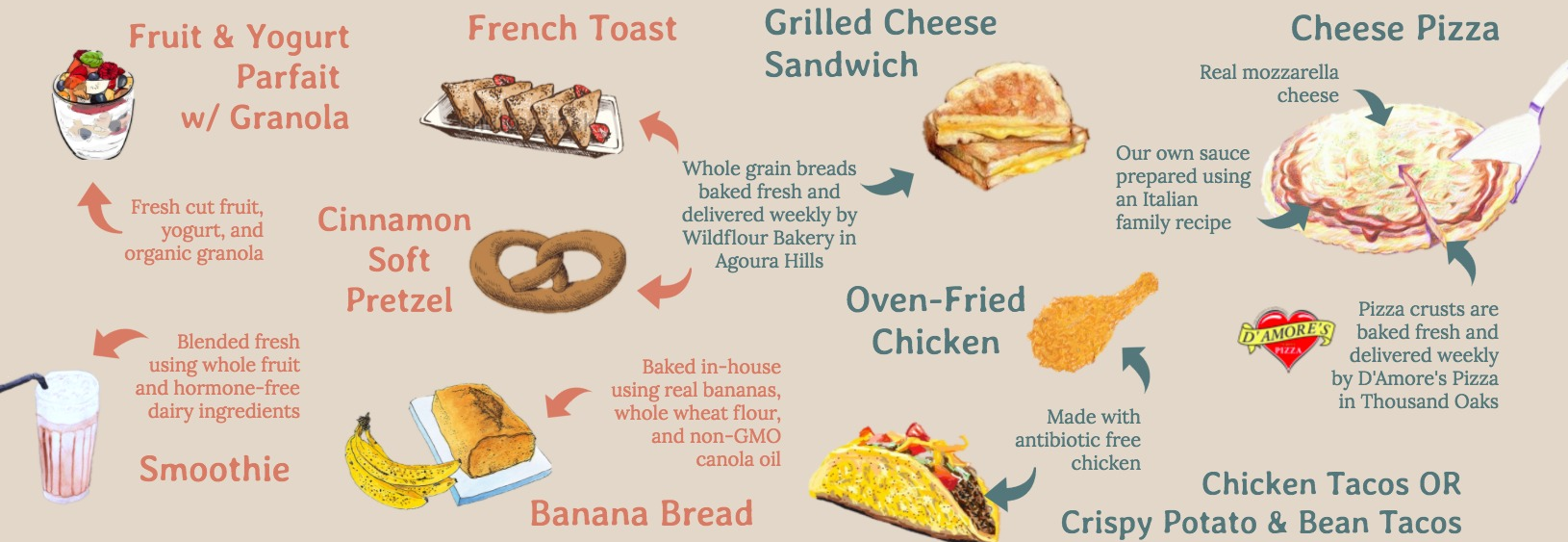
## Lunch

**\$4**

Every lunch meal offers a full serving of each of these five components.



## Sample Menu Items



### The Oak Park Commitment

Whenever possible, we source our ingredients based on these standards.



California-grown



Fresh & Seasonal



Non-GMO & Organic



Hormone- & Antibiotic-Free



Free of Artificial Ingredients

### 3 Easy Ways to Add Funds

**1**

#### Credit/Debit

At [www.oakparkusd.org](http://www.oakparkusd.org), click on "Parent Connect" in the upper right corner. A 2.9% + \$0.30 transaction fee will be assessed by PayPal.

**2**

#### Check

Please make all checks payable to "OPUSD."

**3**

#### Cash



@yestofreshfood

This institution is an equal opportunity provider.

## CAFETERIA PAYMENT OPTIONS

### CREDIT OR DEBIT ONLINE

*Funds are deposited directly into meal account and available immediately. No more misplaced payments!*

Visit **Q-Parent Connect** at <https://oakparkusd.vcoe.org/parentconnect/>. Enter your **email** address as the PIN followed by your **assigned password**. If you do not know your password, you can reset it by clicking on "Need Your Login Information?"



A transaction fee of 2.9% + \$0.30 will be assessed by PayPal on each payment made through this system.

### CASH or CHECK

Please make all checks payable to OPUSD. Write the full name of your child on the check, and if paying for more than one child on a single check, provide clear instructions on how the money should be divided.

**Elementary Schools:** Please drop payments into the cafeteria mailbox at the front office of your child's school. Please put cash in a **sealed** envelope with the following information written in the front: 1) your child's full name, 2) amount of money, and 3) your child's teacher's name. Please do not give payments to your child to hand to the cafeteria staff or to your child's teacher.

**Middle and High Schools:** Payments are accepted in person at the cafeteria. MCMS also has a cafeteria mailbox at the front office where payments can be deposited.

We are happy to accept cash or check payments at the Student Nutrition Office at 5801 Conifer Street, Oak Park, CA 91377.

*The policies listed in this document are guided by the OPUSD [Board Policy](#) and [Administrative Regulations](#) pertaining to Food Service Operations/Cafeteria Fund and by the [California Department of Education Guidance on Unpaid Meal Charges and Excess Account Balances](#).*

## **Meal Policy**

Any student who comes to the cafeteria at nutrition or lunch and requests a meal will not be turned away.

He/she will be provided with the *reimbursable meal*\* (see Glossary on page 4 for definition) of the day regardless of the presence or absence of funds on hand or in his/her meal account. If the cafeteria is sold out of the meal of the day, the staff will then offer the student a different reimbursable meal. The full cost of the meal will be charged to the student's meal account, and parents/guardians will be alerted and asked to resolve any charges from meals requested by the student.

The cafeterias will continue to provide a full reimbursable meal to a student regardless of the status of his/her account. Cafeteria staff will never treat a student differently due to lack of funds or an overdrawn account.

The cafeteria staff are unable to identify when a student has rejected his/her own meal brought from home and desires one from the cafeteria instead. However, if a staff member suspects that that may be happening, he or she will bring the matter to the attention of school site administration and to District administration. Parents/guardians are ultimately responsible for educating their children on family-specific rules regarding meal purchases in the cafeteria.

## **A la Carte or Second Meal Purchases with Insufficient Funds**

A la carte items are sold at the snack bars at Medea Creek Middle School and Oak Park High School. Purchases of a la carte items will not be allowed unless funds are available at the time of purchase. If a student wishes to make an a la carte purchase but does not have sufficient funds, he/she will be directed to the main cafeteria to get a reimbursable meal instead. Snack bars do not offer reimbursable meals.

In accordance with federal policy, students are always handed their tray or plate of food before they reach the register where their accounts can be accessed and charged. For food safety purposes and to prevent overt identification of students with insufficient funds in the cafeteria, our staff will not take back a meal that has already been served to a student. If a student requests and has been handed a second meal before reaching the register, the staff will allow the student to purchase the second meal even if the student does not have sufficient funds to pay for it. The meal will be charged to the student's account and the negative balance must be resolved by parents/guardians.

Second meals are not sold at the elementary school cafeterias.

## **Charging Meals at the Point of Sale**

**ELEMENTARY SCHOOLS:** At the start of each school year, the District will issue school ID cards to all students and give them to classroom teachers for safekeeping. Cards contain the student's name, most recent class photo (if available), student identification number, and a unique barcode. Before each meal period, teachers will disperse cards to the students who wish to pick up a meal in the cafeteria. Students will then go to the cafeteria, take their meal, and hand their card to the cafeteria staff member who will then verify their identity. At the end of the meal period, cafeteria staff will scan the cards into the point of

sale system to charge the accounts. The cafeteria staff will then return the cards to the teachers by the end of the day.

MIDDLE AND HIGH SCHOOLS: Upon receiving their meals, students will either enter their student ID number on a number keypad at the register OR provide their school ID card to the cafeteria staff to be scanned.

### **Negative Balances and Debt Recovery**

The District will communicate directly with parents/guardians concerning payment for negative meal accounts. Cafeteria staff will not draw attention to overdrawn accounts or solicit funds from students.

At the snack bars, if a student has an overdrawn account, the cafeteria staff will let the student know so and will ask them to go to the cafeteria for a meal.

The District will set up an automatic system to alert parents/guardians of overdrawn meals. Once a week, an alert will go out for all accounts that have dropped below \$0. At a later time during the week, a second alert will go out for unpaid accounts less than -\$9. Alerts may come in the form of email, text, or phone call. Parents/guardians are expected to respond to the email or refill the account within 7 calendar days.

If an account remains unpaid one month after the date the account first became negative, it is considered *unrecovered or delinquent\**. Alerts will continue to be generated and sent weekly for as long as the account remains unpaid within the fiscal year. Printed notices and phone calls may also be used in pursuance of payment for the unrecovered debt.

If an account exceeds \$50 in unpaid charges, a printed letter will be sent to parents/guardians. Additionally, families with accounts consistently in arrears may receive a phone call from the Superintendent or designee to discuss reasons for repeated delinquency and be provided with information on free and reduced-price meals or social services.

All notifications will be addressed to a parent/guardian directly and will include 1) information on the value of the negative balance at the time the email was generated; 2) request for the parent to make contact with the student nutrition department to contest a charge either via email or by telephone within 7 calendar days of receiving the notice; 4) payment options; 5) a link to the application for free and reduced-price meals as well as a note encouraging families to apply at any time during the school year; and 6) indication of the option to enter into a payment plan to resolve the balance, if needed.

The District will keep records of all efforts to collect unpaid meal charges, including:

- Evidence the collection efforts fell within the timeframe and methods established by the CDE or local meal charge policy;
- Financial documentation showing when the unpaid meal charge(s) became an operating loss;
- Documentation showing when the repayment plan was agreed to by all parties (as applicable);
- Evidence any funds written off as bad debt were restored to the NSFSFA using nonfederal funding sources.

### **Delinquent/Bad Debt**

Unrecovered or delinquent debt becomes *bad debt*\* when not resolved by the end of the fiscal year. As well, if a student transfers out of the District without resolving the debt, the debt becomes bad debt.

California disallows the carryover of bad debt from one fiscal year to the next. As federal funding cannot be used to pay off bad debt, funds to resolve the bad debt must originate from a local or state source. The student nutrition department is not expected to look for alternative funding sources.

The student nutrition department will make efforts to collect bad debt from unpaid meal charges for up to 20 days after the last day of school. This will include email notifications, phone calls, and mailed letters. After efforts to recover bad debt have been exhausted, any remaining bad debt must be resolved by nonfederal money from the General Fund.

### **Repayment Plans**

Families desiring to set up a repayment plan must contact the student nutrition department before the end of the fiscal year, June 30<sup>th</sup>. Unrecovered debt that is part of a repayment plan may carry forward into the next fiscal year.

### **Unused Funds**

Any funds remaining on or added to an account at the end of the school year will automatically roll over to the next.

Unused funds can be refunded at any time. Parents/guardians are responsible for requesting refunds on unused funds by emailing the student nutrition department with clear instructions on where the refund check should be mailed.

After the last day of school, the District will send a one-time email to the parents/guardians of all students who have left the District, notifying them of the unused funds. Families will be given up to 10 days from the date the email was sent to respond and provide directions on how to disperse the funds.

Families may opt to transfer unused funds to siblings still attending schools in the District, request a refund, or donate the balance to help resolve any outstanding negative fund balances remaining for other students.

The District will apply all donated funds to resolve the accounts of students who need help paying for school meals, including but not limited to, students on reduced-price meals who are unable to pay the \$0.40 charges and families who do not qualify for free or reduced-price meals based on federal eligibility rates but are otherwise in need.

The District will retain proof of all communications with families regarding unused balances, including specific instructions regarding transfers, refunds, and donations.

### **Fund Transfers Between Siblings**

Parents/guardians wanting to transfer funds at any time during the school year from one child's account to a sibling's account must contact the student nutrition department and provide clear instructions on

how much and between which accounts the transactions should occur. The District will not automatically move funds between accounts without express instructions from parents/guardians.

### Account Fraud

It is important that email addresses and phone numbers are up-to-date in the student information system to ensure that parents are receiving important notifications regarding their children's accounts.

Families are strongly encouraged to regularly track cafeteria spending via the online student information system and to contact the student nutrition department if any charges look suspicious. If a parent has a concern about incorrect charges on a child's account, he/she must contact the student nutrition department within 10 days of the time the charge was incurred to ensure prompt action in curbing fraudulent or unauthorized activity. After 10 days, all charges to the account are considered valid and must be resolved.

### Authorization for Use of Funds on Extra Purchases and Other Spending Restrictions

For parents of children receiving reduced-price meals at Medea Creek Middle School, Oak Park High School, and Oak View High School who have prepaid to the cafeteria accounts to cover the \$0.40 lunch charge, an authorization form will be mailed with the eligibility letter. The form requests parents to indicate whether or not their child is allowed to use the funds in their account for a la carte and/or second meal purchases. Parents may also place a limit on a la carte purchases. It is critical that parents complete and mail back this authorization in the prepaid envelope to ensure that the funds in the accounts are used appropriately. Parents may also fax or scan and email the form to the student nutrition office.

Any parents/guardians wanting to restrict spending on student accounts for any reason should complete the appropriate form and return it to the student nutrition department.

### Policy Communication

The Meal Charge Policy will be shared with all administrators and principals, and to families in "Back to School" packets, on the District's website, in student handbooks, and via email notification. Families who arrive mid-year will likewise be provided with information by the office managers at each school. Office managers at each school will be supplied with copies of the notices to include with new student packets.

All cafeteria staff will be trained on this policy.

### GLOSSARY

A **reimbursable meal** is defined as a meal that meets all the federal nutrition requirements. At OPUSD, a reimbursable meal typically includes an entrée item, fresh fruit, fresh or cooked vegetables, a choice of milk, and any other sides or condiments relevant to a specific meal.

**Unrecovered or delinquent debt** refers to meal charges that have not been paid by the student(s) or parent(s) during the fiscal year.

**Bad debt** is considered unrecovered or delinquent debt that, after all reasonable steps have been taken, has not been recovered by, or before, the end of the fiscal year in which the debt was incurred.



Dear Parent or Guardian:

The Oak Park Unified 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 \$4.00 at the elementary schools and \$4.50 at the middle and high schools; and breakfast for \$3.00 at all schools. Eligible students may receive meals free of charge or at the reduced-price rate of \$0.40 for lunch and free of charge 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 <http://oakparkusd.vcoe.org/fsonline/>.

### LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

**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.

Effective July 1, 2018–June 30, 2019					
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add	\$8,177	\$682	\$341	\$315	\$158

**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, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

**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.

**HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS** – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

**STEP 1: STUDENT INFORMATION** – Include ALL STUDENTS who attend Oak Park Unified 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.

- 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.
- 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.
- Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the “NO SSN” box.

**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 (818) 735-3200.

**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: Dr. Leslie Heilbron, 5801 Conifer Street, Oak Park, CA 91377, (818) 735-3226.

**ELIGIBILITY CARRYOVER:** 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, audiotope, 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) 877-8339. 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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.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.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**STEP 4: CONTACT INFORMATION & ADULT 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 children’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 your child 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 Carole Ly at (818) 735-3203.

**SUBMIT:** Please submit a complete application to the Student Nutrition Office at Oak Park Unified School District, 5801 Conifer Street, Oak Park, CA 91377. You will be notified by mail or email if your application is approved or denied for free or reduced-price meals.

Sincerely,  
Carole Ly, Director of Student Nutrition

**School Year 2019-2020 OAK PARK UNIFIED SCHOOL DISTRICT 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. You may also apply online at <http://oakparkusd.vcoe.org/fsonline/>. 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.	<b>Select Program Type:</b> <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	<b>Enter Case Number:</b>
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**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 <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"/>
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**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			Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12			\$
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

Please send completed application to: Oak Park Unified School District, 5801 Conifer Street, Oak Park, CA 91377



**Año escolar 2019-20 OAK PARK UNIFIED SCHOOL DISTRICT Solicitud para comidas gratis y a precio reducido**

Llene una solicitud por hogar. Lea las instrucciones sobre cómo llenar la solicitud. Escriba claramente con tinta. También puede hacer su solicitud en línea en <http://oakparkusd.vcoe.org/fsonline/>. Esta institución es un proveedor que ofrece igualdad de oportunidades.

**Sección 49557(a) del Código de Educación de California:** Las solicitudes para comidas gratis y a precio reducido pueden presentarse en cualquier momento durante el día de clases. A los niños que participan en el Programa Nacional de Almuerzos Escolares federal no se les identificará abiertamente con el uso de fichas especiales, boletos especiales, filas de servicio especiales, entradas separadas, comedores separados o por cualquier otro medio.

**PASO 1 – INFORMACIÓN DE LOS ESTUDIANTES**

Los niños **bajo cuidado adoptivo temporal** y los niños que cumplen con la definición de **sin hogar, migrante o fugado del hogar** reúnen los requisitos para recibir comidas gratis.

Anote el nombre de <b>CADA ESTUDIANTE</b> (Primer nombre, inicial del segundo nombre, apellido)	Anote el nombre de la escuela y el grado escolar		Anote la fecha de nacimiento del estudiante	Marque la casilla pertinente si el estudiante está <b>bajo cuidado adoptivo temporal, sin hogar o es migrante o fugado del hogar</b> .			
<b>EJEMPLO: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1<sup>st</sup></b>	<b>12-15-2010</b>	Bajo cuidado adoptivo temporal	Sin hogar	Migrante	Fugado del hogar
				<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"/>

**PASO 2 – PROGRAMAS DE ASISTENCIA: CalFresh, CalWORKs o FDIPIR**

¿ALGÚN miembro del hogar (niño o adulto) participa actualmente en CalFresh, CalWORKs o FDIPIR?

Si contestó **NO**, sáltese el PASO 2 y vaya al PASO 3.

Si contestó **SÍ**, marque la casilla del programa pertinente, sáltese el PASO 3 y vaya al PASO 4.

☐ CalFresh ☐ CalWORKs ☐ FDIPIR

Anote el número de caso:

**PASO 3 – DECLARE LOS INGRESOS DE TODOS LOS MIEMBROS DEL HOGAR (Sáltese este paso si contestó ‘SÍ’ en el PASO 2)**

**A. INGRESOS DE LOS ESTUDIANTES:** En ocasiones, los estudiantes del hogar tienen ingresos. Anote los ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros de los estudiantes que se enumeraron en el PASO 1.

Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Ingresos totales de los estudiantes

Frecuencia

\$

**B. TODOS LOS DEMÁS MIEMBROS DEL HOGAR (incluido usted):** Anote a **TODOS** los miembros del hogar que no anotó en el PASO 1, **incluso si no reciben ingresos**. Para cada miembro del hogar, anote sus ingresos **BRUTOS TOTALES** (antes de deducciones) en números enteros para cada fuente. Si el miembro del hogar no recibe ingresos de ninguna fuente, anote “0”. Si anota “0” o deja cualquier campo en blanco, está certificando (prometiéndolo) que no hay ingresos que declarar.

Anote el período de pago correspondiente en la casilla de “Frecuencia”: S = Semanal, 2S = Cada dos semanas, 2M = Dos veces al mes, M = Mensual, A = Anual

Anote el nombre de <b>TODOS LOS DEMÁS</b> miembros del hogar (Apellido y nombre)	Ingresos del trabajo				Frecuencia	Asistencia pública/SSI/ manutención de menores/pensión alimenticia				Frecuencia	Pensiones/retiro/jubilación otros ingresos				Frecuencia
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

**C. Total de miembros del hogar**  
(Niños y adultos)

**D. Anote los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona que recibe más ingresos o de otro miembro adulto del hogar**

Marque la casilla si  
**NO tiene SSN** ☐

**Por favor envíe la solicitud completa a**  
**Oak Park Unified School District, 5801 Conifer Street, Oak Park, CA 91377**

## NON-MEDICAL REQUEST FOR SPECIAL MEALS

**Instructions:** This form is strictly for non-medical requests. If your child requires special meals and/or accommodations for medical reasons, please use the California Department of Education's MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS. Non-medical requests for special meals include vegan and non-medical gluten-free meals. Please note that we may not be able to accommodate your request. Our kitchens use wheat, dairy, soy, and other legumes regularly in our meals. We do not use peanuts or tree nuts. However, we cannot guarantee that any meal we prepare can be completely free of allergens. You will be notified within 2 weeks of the submission of this form whether or not your request has been approved. To ensure that special meals do not go to waste, upon approval of your request, we require 2 weeks advance notice of the dates your child will be eating in his/her school's cafeteria.

1. School Name	2. Grade	3. Teacher's Name
4. Name of Child		5. Age of Child
6. Name of Parent or Guardian		7. Phone Number
8. Description of Diet Accommodation:		
9. Foods to be Omitted and Appropriate Substitutions:		
Foods To Be Omitted		Suggested Substitutions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
10. Signature of Parent/Guardian		11. Date

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, audiotope, 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) 877-8339. 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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.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 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School	2. Site Name	3. Site Phone Number																	
4. Name of Child		5. Age of Child																	
6. Name of Parent or Guardian		7. Phone Number																	
8. Description of Child's Physical or Mental Impairment Affected:																			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:																			
10. Indicate Food Texture for Above Child:  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <span><input type="checkbox"/> Regular</span> <span><input type="checkbox"/> Chopped</span> <span><input type="checkbox"/> Ground</span> <span><input type="checkbox"/> Pureed</span> </div>																			
11. Foods to be Omitted and Appropriate Substitutions:  <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; width: 50%;">Foods To Be Omitted</th> <th style="text-align: center; width: 50%;">Suggested Substitutions</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"></td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> </tbody> </table>				Foods To Be Omitted	Suggested Substitutions														
Foods To Be Omitted	Suggested Substitutions																		
12. Adaptive Equipment to be Used:																			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date																

**\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

**The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

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) 877-8339. Additionally, program information may be made available in languages other than English.

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## INSTRUCTIONS

1. **School:** Print the name of the school that is providing the form to the parent.
2. **Site:** Print the name of the school site where meals will be served.
3. **Site Phone Number:** Print the telephone number of site where meal will be served.
4. **Name of Child:** Print the name of the child to whom the information pertains.
5. **Age of Child:** Print the age of the child.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child's medical statement.
7. **Phone Number:** Print the telephone number of parent or guardian.
8. **Description of Child's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Telephone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**"Has a record of such an impairment"** means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.