
AGUA FRIA UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Agua Fria Union High School District** offers healthy meals every school day. School Year 24/25, AFUHSd will be participating in the School Breakfast Program and National School Lunch Program. To qualify for free or reduced price meals, students must submit a 24/25 Meal Benefit Application.

Students may purchase additional reimbursable meals and/or ala carte items.

We encourage **ALL** parents/guardians to complete a Meal Benefit Application for the 24/25 SY.

Benefits of a completed and approved Meal Benefit Application:

1. Free/reduced school meals.
2. Reduced Sports Fees
3. Reduced testing Fees
2. Reduced dual college tuition fees
5. Reduced or waved fees for Internet Service
6. Reduced or waved fees for Phone Carriers
7. Additional program funds for your school

Students who may qualify for free meal status NOT based on Household Income:

- a. All children in households receiving benefits from SNAP, FDIPIR (Food Distribution Program on Indian Reservations) or TANF, can qualify for free meals regardless of your income.
 - b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - c. Children participating in their school's Head Start Program are eligible for free meals.
 - d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
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2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Shelle Schlosser at Agua Fria Union High School District Federal Programs Director at 623-932-7000.**
 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to **Maria Machain 1481 N Eliseo Felix Jr. Way. Avondale, AZ 85323, you may also fax to 623-932-7018.**
 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **623-932-7113 (bilingual)** immediately.
 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.aguafria.org to begin.
 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? **YES.** Your child's application is only good for that school year and for the first few days of this school year through **September 13, 2024**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to Quay Bolton-Lattari 1481 N ELISEO FELIX JR. WAY SUITE 110. AVONDALE AZ 85323
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Maria Machain 1481 N. Eliseo Felix Jr. Way Suite 110 Avondale, AZ 85323. 623-932-7113, mmachain@aguafria.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **623-932-7009 or 623-932-7113**.

Sincerely,

Barbara Duncan
Agua Fria Union High School District
Food Services Director

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, (including gender identity and sexual orientation), 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, 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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Form (AD-3027) found online at: www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, 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 Avenue, SW
Washington D. C. 20250-9410;
2. fax: 202.690.7442'
3. 3. email: Program.Intake@usda.gov

The CNP operator shall accept all complaints of discrimination, whether written or verbal, relating to the Child Nutrition Programs that are filed within 180 days of the allege discrimination. The CNP operator shall handle all anonymous complaints in the same manner as other complaints. Records shall be kept of all complaints and forwarded to:

Ms. Melissa Conner, Associate Superintendent
Arizona Department of Education, Health & Nutrition Division
1535 West Jefferson Avenue, Bin #7
Phoenix, AZ 85007

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It's More Than a Meal Application!

For the 24/25 SY, AFUHSD will continue with meal pricing for all breakfast and lunch meal service. We encourage ALL AFUHSD families to complete a Meal Application. The information collected on meal applications for the National School Lunch Program (NSLP) can do more than just provide free and reduced-price meals.

Meal Application

24/25 SY Meal Pricing

Breakfast: Paid=\$2.75 Lunch: Paid=\$4.00
Breakfast: Red.= \$0.30 Lunch: Red.=\$0.40



School Fund

School Funding

Maintains funding for student programs and services.

Academic Tests

Reduced registration fees for AP, SAT, and/or ACT tests.

Athletics

Free or discounted fees to participate in most sports.

College Application Fees

Discounted rates on fees associated with applying for college.

Internet Access

Eligible for discounted rates on internet services.

School Meals

Free or reduced prices on delicious and nutritious meals.

Turn in your meal application **after July 1, 2024** to take advantage of these additional benefits and ensure your school continues to receive funding. Apply online at: <https://www.aguafria.org/Page/971>

Good nutrition is important to learning. Students behave better, have longer attention spans and are more eager to learn when they eat healthy meals. AFUHSD Food & Nutrition Services wants to ensure all AFUHSD students are ready to focus on their lessons every day.

The stigma of the “traditional school lunch” is challenging to overcome, but AFUHSD Food & Nutrition Services is working hard to provide exciting menu options, and improve food choice and quality. Our goal is to provide high quality food choices that meet nutritional guidelines.

The 2024-2025 school year, AFUHSD will participate in the Meal Benefit Program (Free & Reduced Meals)

Breakfast Paid = \$2.75

Breakfast Reduced = \$0.30

Lunch Paid = \$4.00

Lunch Reduced = \$0.40

Your student may qualify for free or reduced breakfast and lunch.

You can apply online at www.aguafria.org
or you can download a paper application and return to your student’s cafeteria.

Families who qualify for Free/Reduced school meals may also qualify for:

Discounted rates on phone service.

Maintain funding for student programs and services.

Reduced registration fees for AP, SAT and/or ACT tests.

Discounted fees to participate in most sports.

Discounted rates on fees associated with applying for college.

Eligible for discounted rates on INTERNET services.

If you have any questions regarding the Meal Benefit Application or school meal service,
please contact AFUHSD Food Service Department at: foodservices@aguafria.org
or call 623.932.7000.

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Do You Qualify for Free Internet?

Your family can get financial help for fast, reliable internet

The Affordable Connectivity Program (ACP) is a new federal benefit to help households pay for high-speed internet and devices.

You qualify if someone in your household participates in at least one of these programs:

- Free and reduced school lunch
- WIC (Women, Infants, and Children) or SNAP (Supplemental Nutrition Assistance Program)
- Medicaid, SSI (Supplemental Security Income), Federal Public Housing Assistance
- Lifeline and more

You also qualify if your household's annual income is below:

- \$36,620 for a family of two
- \$46,060 for a family of three
- \$55,500 for a family of four

You do not need to be a citizen or have a Social Security number to qualify.



ACP Program Benefits

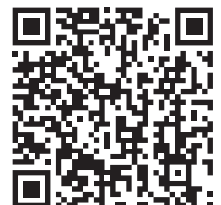
Free or \$30 per month off internet service (depending on the plan you choose)

\$75 per month off internet service for households on tribal lands

\$100 off to purchase a laptop, desktop computer, or tablet

Learn more and enroll at: getmyinternet.org

If you have questions, call the ACP Support Center hotline (877) 384-2575.



2024-2025 Application for Free and Reduced Price School Meals Complete one application per household per school district.

Please use a pen (not a pencil). AFUHSD

STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Check all that apply	
<div></div>	<div></div>	<div></div>	<div></div>	Foster Child	Homeless, Migrant, Runaway
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STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income

How often?

Weekly

Bi-Weekly

2x Month

Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<div></div>	<div>\$</div> <div><div></div><div></div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>\$</div> <div><div></div><div></div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>\$</div> <div><div></div><div></div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X

X

X

X

Check if no SSN ☐

STEP 4

Contact information and adult signature

Mail Completed Form to: 1481 N Eliseo Felix Jr. Way Suite 110 Avondale, AZ 85323

"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 the form

Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available)

Apt #

City

State

Zip

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Error Prone

Determining Official's Signature:

Date:

Case # Application

Foster Application

Directly Certified: Date of Disregard:

Income Application

Household Size:

Total Income: Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature:

Date:

Follow-Up Official's Signature:

Date:

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic 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

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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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.

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, 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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

**For the following programs, we must have your permission to share your information.
Sending in this form will not change whether your children get free or reduced-price meals.**

☐ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Services Testing Fees**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Services Athletics Fees**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call **Maria Machain** at **623-932-7113** or e-mail at **mmachain@aguafria.org**.

Return this form with your free and reduced application.

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