

Harmony Union School District

Harmony Elementary & Salmon Creek School – A Charter School

Cafeteria Meals Information ★ **2022/2023**

To: HUSD Families

From: Missy Calvi, Business Services Technician

RE: NSLP Meals and Application process

We are once again happy to offer FREE breakfast and lunch through the NSLP Universal Meal Program.

Even if you do not plan on your child/ren participating, we still need a NSLP Meal Application filled out for each family. This data/information is used in many required State & Federal Funds, Grants and Programs.

Please fill out one NSLP Meal Application per family. [attached] using the income eligibility form as a reference.

Please see the attached Menu for August 2022.

The first day of school in August 2022 is: Wednesday, August 17th.

Early dismissal for all: 1:10 PM

If you have any questions about the NSLP Meal Application or the information on the eligibility forms please contact Missy Calvi at 707-874-1205 x 14 [mcalvi@harmonyusd.org]

Questions regarding meals can be directed to Amanda Jacobs [ajacobs@harmonyusd.org]

We hope your family had an amazing summer!

AUGUST

Breakfast & Lunch Menu

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
15	16	17	18	19
		Yogurt & Homemade Granola <u>or</u> Cold Cereal Option, Apple or Orange Slices	Chocolate Chip Muffin <u>or</u> Cold Cereal Option, Apple or Orange Slices	Whole Wheat Pancakes w/Butter & Syrup <u>or</u> Cold Cereal Option, Oranges or Apple Slices
		Shredded Chicken Taco, Refried Beans, Brown Rice, Banana	Pesto Pasta, Cucumber Slices, String Cheese Stick, Apple Slices	Union Hotel Cheese Pizza, Kale Salad, Orange Slices
22	23	24	25	26
Bagel w/Cream Cheese <u>or</u> Cold Cereal Option, Apple or Orange Slices	Fruity Oatmeal <u>or</u> Cold Cereal Option, Apple or Orange Slices	Yogurt & Granola <u>or</u> Cold Cereal Option, Apple or Orange Slices	Blueberry Muffin <u>or</u> Cold Cereal Option, String Cheese Stick, Apple or Orange Slices	Whole Wheat Pancakes w/Butter & Syrup <u>or</u> Cold Cereal Option, Apple or Orange Slices
BBQ Chicken Roasted Drumsticks, Cornbread, Peas, Apple Slices	Beef Soft Taco, Black Beans, Brown Rice, Oranges	Soft Baked Pretzel, Yogurt, Banana	Spaghetti w/Marinara Sauce, Cottage Cheese, Baby Carrots, Apple Slices	Union Hotel Cheese Pizza, Broccoli Florets, Oranges Slices
29	30	31	<div style="border: 2px solid red; padding: 5px;"> <p>Welcome back! All students who attend HUSD are offered FREE breakfast & lunch regardless of eligibility status! Please know this requires choosing a fully reimbursable meal, which means at least 3 of the food components offered, including 1 fruit or vegetable.</p> </div>	
Bagel w/Cream Cheese <u>or</u> Cold Cereal Option, Apple or Orange Slices	Steel Cut Oatmeal w/Butter & Maple Syrup <u>or</u> Cold Cereal Option, Apple or Orange Slices	Yogurt & Granola <u>or</u> Cold Cereal Option, Apple or Orange Slices		
Baked Tofu, Brown Rice, Baby Carrots, Apple Slices	Shredded Chicken Taco, Pinto Beans, Brown Rice, Grapes	Hummus w/Dipping Veggies, Tortilla Chips, Orange Slices		

Breakfast: Choice of Cold Cereal, Alternate Fruit and 1% or non-fat Milk available daily.

Lunch: Choice of 1% Milk or Non-fat Chocolate Milk available daily.
Salad Bar & Baked Potato available but subject to change

In an effort to serve your children the freshest produce possible, daily fruit & vegetable choice will depend on what is seasonable and available in our garden or from our local produce company/contact.

All servings meet the government daily portion requirements • Harmony Union School District is an equal opportunity provider.

Amanda Jacobs, Head of Cafeteria & Nutrition Program

Produce harvested fresh from the garden are utilized in this month's menu **Lettuce, Kale, Cilantro, Broccoli**

Menu is subject to change due to availability of items

Income Eligibility Scales for School Year 2022–2023

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

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

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.

Effective July 1, 2022, through June 30, 2023, participants from households with incomes at or below the following levels may be eligible for free or reduced-price meals.

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 for Breakfast & Lunch Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 17,667	\$ 1,473	\$ 737	\$ 680	\$ 340
2	\$ 23,803	\$ 1,984	\$ 992	\$ 916	\$ 458
3	\$ 29,939	\$ 2,495	\$ 1,248	\$ 1,152	\$ 576
4	\$ 36,075	\$ 3,007	\$ 1,504	\$ 1,388	\$ 694
5	\$ 42,211	\$ 3,518	\$ 1,759	\$ 1,624	\$ 812
6	\$ 48,347	\$ 4,029	\$ 2,015	\$ 1,860	\$ 930
7	\$ 54,483	\$ 4,541	\$ 2,271	\$ 2,096	\$ 1,048
8	\$ 60,619	\$ 5,052	\$ 2,526	\$ 2,332	\$ 1,166
For each additional family member, add:	\$ 6,136	\$ 512	\$ 256	\$ 236	\$ 118

Reduced-price Eligibility Scale for Breakfast & Lunch Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 25,142	\$ 2,096	\$ 1,048	\$ 967	\$ 484
2	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
3	\$ 42,606	\$ 3,551	\$ 1,776	\$ 1,639	\$ 820
4	\$ 51,338	\$ 4,279	\$ 2,140	\$ 1,975	\$ 988
5	\$ 60,070	\$ 5,006	\$ 2,503	\$ 2,311	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 2,867	\$ 2,647	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 3,321	\$ 2,983	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 3,595	\$ 3,318	\$ 1,659
For each additional family member, add:	\$ 8,732	\$ 728	\$ 364	\$ 336	\$ 168

School Year 2022-2023 ☆ Harmony Union 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 www.harmonyusd.org. 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 regardless of eligibility. (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st	12-15-2010	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: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
	(Empty space for case number and program selection)	

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/Retirement/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**

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? Weekly Bi-Weekly Twice a Month 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: _____

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: _____

Upon review of the "Income Eligibility Form" Our family does not qualify. Check box if applicable

OPTIONAL – CHILDREN

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