

Non-pricing Letter to Household and Instructions

School Year 2025-26

Dear Parent or Guardian:

Sunol Glen Unified School District (SGUSD) participates in the National School Lunch Program and/or School Breakfast Program. At Sunol Glen School, all students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are determined by household income and eligibility. We are able to serve free meals because households continue to submit meal applications, and your cooperation is greatly appreciated. You or your children do not have to be U.S. citizens to be considered eligible for free meals. If there are more household members than the number of lines on the application, attach a second application.

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, 2025 – June 30, 2026

**Free Eligibility Scale
Meals, Snacks, and Milk**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,345	\$ 1,696	\$ 848	\$ 783	\$ 392
2	\$ 27,495	\$ 2,292	\$ 1,146	\$ 1,058	\$ 529
3	\$ 34,645	\$ 2,888	\$ 1,444	\$ 1,333	\$ 667
4	\$ 41,795	\$ 3,483	\$ 1,742	\$ 1,608	\$ 804
5	\$ 48,945	\$ 4,079	\$ 2,040	\$ 1,883	\$ 942
6	\$ 56,095	\$ 4,675	\$ 2,338	\$ 2,158	\$ 1,079
7	\$ 63,245	\$ 5,271	\$ 2,636	\$ 2,433	\$ 1,217
8	\$ 70,395	\$ 5,867	\$ 2,934	\$ 2,708	\$ 1,354
For each additional family member, add:	\$ 7,150	\$ 596	\$ 298	\$ 275	\$ 138

**Reduced-price Eligibility Scale
Meals and Snacks**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 28,953	\$ 2,413	\$ 1,207	\$ 1,114	\$ 557
2	\$ 39,128	\$ 3,261	\$ 1,631	\$ 1,505	\$ 753
3	\$ 49,303	\$ 4,109	\$ 2,055	\$ 1,897	\$ 949
4	\$ 59,478	\$ 4,957	\$ 2,479	\$ 2,288	\$ 1,144
5	\$ 69,653	\$ 5,805	\$ 2,903	\$ 2,679	\$ 1,340
6	\$ 79,828	\$ 6,653	\$ 3,327	\$ 3,071	\$ 1,536
7	\$ 90,003	\$ 7,501	\$ 3,751	\$ 3,462	\$ 1,731
8	\$ 100,178	\$ 8,349	\$ 4,175	\$ 3,853	\$ 1,927
For each additional family member, add:	\$ 10,175	\$ 848	\$ 424	\$ 392	\$ 196

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.

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.

Women, Infants, and Children (WIC) Participants

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be considered eligible for free or reduced-price meals by completing an application.

Homeless, Migrant, Runaway, and Head Start

Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are considered eligible for free meals. Please contact school officials for assistance at (925) 862-2026.

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 nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster children are not considered eligible, this does not prevent a foster child from being considered eligible for 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 SGUSD at (925) 862-2026.

Eligibility Carryover

Your child's eligibility status from the previous school year will continue into the new school year for up to 30 school days or until a new determination is made. School officials are not required to send a reminder or expired eligibility notices.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form](#) (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: 833-256-1665 or 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

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.

1. **Student Information**—Include **all students** (this includes all students enrolled in or out of the district within the household and the application should differentiate if the students attend different schools, if applicable) 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.
2. **Assistance Programs**—If **any** household member (child or adult) participates in CalFresh, CalWORKs, or FDIPIR, then all children are considered 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.
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 nonfoster 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.

4. **Contact Information and 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 meal benefits. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN 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 an SSN by selecting the checkbox. 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 or Assistance

Please contact SGUSD at (925) 862-2026.

Submit

Please submit a complete application to your child’s school at 11601 Main Street, Sunol, CA 94586. You will be notified if your application is approved or denied for free or reduced-price meal benefits.

Sincerely,

Sunol Glen Unified School District