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"An excellent place to learn, teach, and work."

Letter to Households for Community Eligibility Provision Schools/Districts

Dear Parent or Guardian:

We are pleased to inform you that *Dario Cassina High School* will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for 2023/2024 School Year.

Schools that participate in the CEP are able to provide healthy breakfasts **and** lunches each day at no charge for **all** students enrolled in that CEP school during the 2023/2024 School Year.

If we can be of any further assistance, please contact us at (209)532-5511 ext. 5160 or in person at 430 N. Washington Street, Sonora Ca. 95370.

Sincerely,

Gail Staggs Food Service Manager

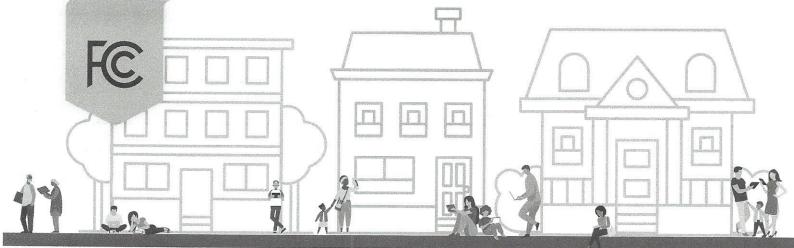
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal 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;
- 2. fax: 833-256-1665 or 202-690-7442; or
- 3. email: program.intake@usda.gov

This institution is an equal opportunity provider.



AFFORDABLE CONNECTIVITY PROGRAM

WHAT IS IT?

The Affordable Connectivity Program is an FCC program that helps connect families and households struggling to afford internet service.

The benefit provides:

- Up to \$30/month discount for internet service;
- Up to \$75/month discount for households on qualifying Tribal lands; and
- A one-time discount of up to \$100 for a laptop, desktop computer, or tablet purchased through a participating provider.

WHO IS ELIGIBLE?

A household is eligible for the Affordable Connectivity Program if the household income is at or below 200% of the Federal Poverty Guidelines, or if a member of the household meets at least one of the criteria below:

- Participates in any of the following assistance programs: SNAP, Medicaid, Federal Public Housing Assistance, Veterans Pension or Survivor Benefits, SSI, WIC, or Lifeline;
- Participates in any of the following Tribal specific programs: Bureau of Indian Affairs General Assistance, Tribal TANF, Food Distribution Program on Indian Reservations, or Tribal Head Start (income based);
- Participates in the Free and Reduced-Price School Lunch Program or the School Breakfast Program, including through the USDA Community Eligibility Provision;
- Received a Federal Pell Grant during the current award year; or
- Meets the eligibility criteria for a participating broadband provider's existing low-income internet program.

TWO STEPS TO ENROLL

1

Go to **AffordableConnectivity.gov** to submit an application or print a mail-in application

2

Contact your preferred participating provider to select an eligible plan and have the discount applied to your bill.

Some providers may have an alternative application that they will ask you to complete.

Eligible households must <u>both</u> apply for the program <u>and</u> contact a participating provider to select a service plan.

LEARN MORE



Call 877-384-2575, or



Visit fcc.gov/acp



ALL STUDENTS WILL RECEIVE A NO COST BREAKFAST AND LUNCH

PLEASE COMPLETE THE ATTACHED ECONOMIC SURVEY!!

Although any student can go to the cafeteria and receive a no cost breakfast and lunch, completing the 2023-22024 Economic Survey will help funding for the school district

AND

Your student can earn 5 HERO points to be redeemed at the HERO window!

What do you need to do?

Fill out the survey and you are all set for the year!

How does it help?

Supports students at school by receiving additional funding



Improves emergency notification with updated and current contact information



⇒⇒⇒ PLEASE TURN IN YOUR COMPLETED ECONOMIC SURVEY TO THE FRONT OFFICE or CAFETERIA ANYTIME DURING THE YEAR - BUT PREFERABLY BEFORE OCTOBER 1ST.

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Household Income Data Collection - Dario Cassina High School

Household Last Name:	Phone:	_E-mail:

Name of Child(ren) attending a California K-12 Public School			School	Birth	Grade
Last	Middle	First	Attending	Date	Level
1.		8			
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following information for Household Size Total number of adults and children in Household: Circle one: 1 2 3 4 5 6 7 8 Other_____ See back of this form for information on household size.

PART III: F			source of Hous ed by Frequenc)
Household Members	Amount if Paid Weekly	Amount if Paid Twice Per Month	Amount if Paid Every Other Week	Amount if Paid Monthly	Amount if Paid Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
All Additional Income	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$
Multiply Subtotal by:	X 52	X 24	X 26	X 12	
Total Income by Frequency	\$	\$	\$	\$	\$
	Tota	al Household	Income (sum of	f all columns):	\$

	PART IV: Si	gnature
	state and fe	nis form is true and that I included all income. I deral funds based on the information I provide
Signature of Adult Household Member Completing this Form	Date	Printed Name of Adult Household Member Completing this Form

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a prorated share of expenses), do *not* include them.

What is included in "Total Household Income"? Total Household Income includes all of the following:

- Gross earnings from work: Use your gross income, not your take-home pay. Gross income is the
 amount earned before taxes and other deductions. This information can be found on your pay stub or if
 you are unsure, your supervisor can provide this information. Net income should only be reported for
 self-owned business, farm, or rental income.
- Welfare, Child Support, Alimony: Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: Include the amount each person living in your household receives from these sources.
- All Other Income: Include worker's compensation, unemployment or strike benefits, regular
 contributions from people who do not live in your household, and any other income received. Do not
 include income from CalFresh, WIC, federal education benefits and foster payments received by your
 household.
- Military Housing Allowances and Combat Pay: Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources
 of income than columns provided, report all additional income in the appropriate column.
- Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at http://www.fns.usda.gov/cnd/quidance/default.htm.