

PRESS (MEDIA) RELEASE

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COMMUNITY ELIGIBILITY PROGRAM (CEP)

ARLINGTON ELEMENTARY SCHOOL will be participating in the **School Breakfast Program and/or National School Lunch Program**. As part of this program, **Arlington Elementary School** will offer healthy meals every school day. Breakfast will cost **\$0** and lunch will cost **[lunch \$0** your child (ren) may qualify for free or reduced-price meals. Reduced-price meals cost **\$0 for breakfast and \$0 for lunch**.

Qualifications for children to receive free or reduced-price meals include belonging to a household whose income is at or below the Federal Income Eligibility Guidelines, belonging to a household that receives public assistance, or if the child is homeless, migrant, runaway, foster, or participates in a Head Start or Even Start pre-Kindergarten program.

Household size and income criteria are used to determine eligibility for free and reduced-price benefits if the household does not receive assistance or the children are not in the other categories mentioned above. Children can get free or reduced-price meals if the household's gross income falls at or below the limits on the Federal Income Eligibility Guideline chart.

Please see the attachments for the Federal Eligibility income chart for 2024-2025, in English and in Spanish.

Federal Eligibility Income Chart for 2024-2025			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$ -	\$ -	\$ -
2	\$ -	\$ -	\$ -
3	\$ -	\$ -	\$ -
4	\$ -	\$ -	\$ -
5	\$ -	\$ -	\$ -
6	\$ -	\$ -	\$ -
7	\$ -	\$ -	\$ -
8	\$ -	\$ -	\$ -
Each additional person:	\$ -	\$ -	\$ -

To apply for free or reduced-price meals, households can fill out the application and return it to the school unless the household has already received notification that their children are approved for free meals this year. Application forms are being distributed to all households with a letter informing households of the availability of free and reduced-price meals for their children and what is required to complete on the application. Applications also are available at Arlington Elementary School, located on the Arlington Elementary School website (ARLINGTONELEM.ORG).

Only one application is required for all children in the household and the information provided on the application will be used for determining eligibility and verification of data. Applications may be verified at any time during the school year by the school or other program officials. An application for free or reduced-price benefits cannot be approved unless it contains complete eligibility information as indicated on the application and instructions. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability.

Families can apply for benefits at any time. If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the Federal Guidelines. Contact **Irene Coronado** at any time to request an application.

Under the provisions of the free and reduced-price policy, **Cafeteria, Manager** will review applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. Parents wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to **Irene Coronado, 9410 S. 355th AVE Arlington, AZ 85322, (623)386-2031 X246**.

When known to **Arlington Elementary School** households will be notified of their children's eligibility for free meals if they are members of households receiving assistance from the:

- Supplemental Nutrition Assistance Program (SNAP);
- Food Distribution Program on Indian Reservations (FDPIR); or
- Temporary Assistance for Needy Families (TANF), if the State program meets Federal standards.

An application is not required for free meal benefits for Assistance Program participants and all of the children in the household are eligible free meal benefits. If any children were not listed on the notice of eligibility, or if a household does not receive a notice of eligibility, the household should contact the school to have free meal benefits extended to them. Participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) may be eligible for free or reduced-price meals, but they will need to turn in an application including household size and total income.

When known to **Arlington Elementary School** households will also be notified of any child's eligibility free meals if the individual child is considered "Other Source Categorically Eligible", because the child is categorized, as defined by law as:

- Foster,
- Homeless,
- Migrant,
- Runaway,
- Enrolled in an eligible Head Start, or
- Enrolled in an eligible pre-kindergarten class.

If any children were not listed on the notice of eligibility, the household should contact the school about their eligibility through the list above or should submit an income application.

Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

For more information, you may call **Irene Coronado at (623)386-2031 X246** or e-mail at **icoronado@arlingtonk8.org**.

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, audiotope, 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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Child Nutrition Programs

Income Eligibility Guidelines

Effective July 1, 2024 – June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2024 – June 30, 2025

For Determining Official's Use Only

Household Size*	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1,110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1,302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1,493	\$2,098	\$2,966	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1,685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1,876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Additional members, add:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
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Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion → \$200 x 52 = \$10,400 Total Annual Income

\$3,000 monthly x Monthly Income Conversion → \$3,000 x 12 = \$36,000 Total Annual Income

The incomes are then added together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is \$40,560 and reduced is \$57,720. This household's annual income is \$46,400 – greater than \$40,560, less than \$57,720. Therefore, this household qualifies for reduced-price meals.

Programas de Nutrición Infantil

Pautas de Ingresos

Efectivo 1 julio 2024 – 30 junio 2025

Las siguientes son las pautas de ingresos que deben utilizar los operadores del programa de nutrición infantil al procesar las solicitudes de elegibilidad de ingresos por beneficios de comidas utilizando ingresos reportados.

Efectivo 1 julio 2024 – 30 junio 2025

Para uso exclusivo del funcionario determinante

La frecuencia en que se recibe el ingreso

Tamaño de Hogar*	Semanal		Quincenal		2 veces al Mes		Mensual		Anual	
	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1493	\$2,098	\$2,966	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Miembros Adicionales Agregue:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

*El tamaño del hogar debe ser respaldado por la cantidad de nombres que figuran en la solicitud de elegibilidad de ingresos por beneficios de comida

Conversión de ingresos anuales para ingresos múltiples reportados:

Si un hogar reporta solo un ingreso o ingresos múltiples con la misma frecuencia, no lo convierta en ingreso anual. Si un hogar reporta múltiples fuentes de ingresos con diferentes frecuencias. (Por ejemplo, 1 ingreso se recibe semanalmente, otro ingreso se recibe mensualmente.) Convierta todos los ingresos reportados a anuales utilizando los factores de conversión a continuación. Luego, sume los ingresos y compárelos con las pautas de ingresos anuales para tomar una determinación.

Ingresos semanales x 52	Ingresos quincenales x 26	Ingresos 2 veces al mes x 24	Ingresos mensuales x 12
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Ejemplo: Un hogar ha devuelto su solicitud de elegibilidad de ingresos para beneficios de comidas. Las personas inscritas no son categóricamente elegibles, entonces deben clasificarse según los ingresos. En su solicitud, reportaron dos ingresos: \$200 semanales, y \$3,000 mensuales. Para determinar su estado de elegibilidad, sus ingresos deben convertirse en ingresos anuales.

\$200 Semanales x Conversión semanal de ingresos → \$200 x 52 = \$10,400 Ingreso anual total

\$3,000 Mensuales x Conversión mensual de ingresos → \$3,000 x 12 = \$36,000 Ingreso anual total

Los ingresos luego se suman para determinar el ingreso anual total. Ingreso Total: \$10,400 + \$36,000 = \$46,400

Hay cuatro nombres enumerados en su solicitud de elegibilidad de ingresos y beneficios de comida, lo que demuestra el tamaño de un hogar de cuatro. – El límite de ingreso anual para que un hogar de cuatro personas sea gratis es de \$40,560 y reducido es de \$57,720. Los ingresos anuales de este hogar son \$46,400, mayores que \$40,560, pero menores que \$57,720. Por lo tanto, este hogar califica para comidas a precio reducido.