

# Eastmont Food Service Newsletter



## Student Meal Prices for 2019-20

BREAKFAST FULL PRICE	Grades K - 7	\$1.50
BREAKFAST FULL PRICE	Grades 8 - 12	\$1.75
REDUCED PRICE BREAKFAST		NO CHARGE
LUNCH FULL PRICE (Grades K – 7)		\$2.75
LUNCH FULL PRICE (Grades 8 – 12)		\$3.00
REDUCED PRICE LUNCH GRADES K-3		NO CHARGE
REDUCED PRICE LUNCH GRADES 4 - 12		\$0.40
MILK ONLY		\$0.35

## What is NSLP?

Eastmont School District participates in the National School Lunch Program (NSLP). This is a federally funded program operating in over 100,000 schools and daycare centers around the U.S. The goal of the program is to offer low-cost meals to every student. Last school year, Eastmont School District served over 808,000 student meals.

### Nutritional Goals of the Program

School lunches must meet meal pattern and nutritional standards set by the USDA. Program goals include improving nutrition, reducing childhood obesity, and increasing access to school meals. The current meal pattern focuses on increasing exposure to, and consumption of fruits and vegetables, replacing simple carbs with whole grains and decreasing sodium intake.

For more information about the Eastmont Food Service Program, current menus, and free and reduced price meal applications please go to: [www.Eastmont206.org](http://www.Eastmont206.org), click on “Depts/Programs” and click on “Food Services.”

## Special Diet Requests & So Happy App

Our Food Service Department offers a mobile app, So Happy by Sodexo, to help parents and students see what’s on the menu. It is available as a free download on the App Store or Google Play Store.

Parents and students can look up nutritional information and allergen information for products served in the cafeteria. **New in 2019** – change the language setting in the app to view information in Spanish! The app links to the menu planning program at each school and syncs to show all foods served in the cafeteria during the week.

Does your student have a food allergy or other impairment that affects the diet? Please contact your school’s nurse, or the Food Service Department. Ask for information to start a diet modification. The full policy and form is available online at: [www.Eastmont206.org](http://www.Eastmont206.org), search for “allergen information”

**Aplicaciones para recibir comidas escolares gratuitas y a precios reducidos estan disponibles en la Oficina del Distrito o en linea en [www.Eastmont206.org](http://www.Eastmont206.org)**

### Looking for extra money?

Join the Sodexo Food Service Team at Eastmont School District. We are looking for part-time, full time and substitutes.

Most work schedules follow the school calendar. That means you are home when your student is home from school.

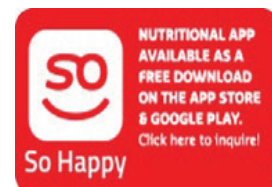
Apply online at: <http://sodexousa.jobs>

OR

Search “Sodexo jobs” on the internet or on a mobile device.



Making every day a better day



**SchoolCafé** provides a secure, online system for parents to

- Make payments to their student(s) cafeteria-meal account(s)
- Set Low Balance Alerts for each account
- Review your student's buying history

## Quick Answers

- 1. How do I add money/make a payment to my child's account?**  
 You can continue to send money to school with your student or you can add money through SchoolCafé. Follow the steps in Make a Payment in this guide.
- 2. I made an online payment. When can my student use the payment?**  
 Your student's cafeteria account at the school is credited within 24 hours but may become available as quickly as 2 hours.
- 3. Is there a fee or service charge for making online payments?**  
 A 5% convenience fee **is** charged for each online payment transaction. For example, if you make a \$20.00 payment, the convenience fee is \$1.00. Therefore, the total debited from your credit card is \$21.00. The available funds for your child will be \$20.00.
- 4. Can I receive notification when my student's account balance is low?**  
 Yes! Follow the steps in **Set Up a Low Balance Alert** in this guide.
- 5. Why was my account locked when making a payment?**  
 After three failed payment attempts, payment function is locked. Contact SchoolCafé to remove the lock.
- 6. What if I have several students in different schools?**  
 Include as many students as you need in your account. The students can attend any school within the same district. Payments for each student are made separately.
- 7. Can I transfer money from one child to another?**  
 Contact the Child Nutrition Services office at the school district for assistance with a transfer.
- 8. What happens to the money in my account at the end of the school year?**  
 Your account balance moves with your student(s) from grade to grade and school to school within the district. Contact the Child Nutrition Services office at the school district for assistance with a refund.
- 9. How do I receive a refund if my child changes school districts?**  
 Contact your school directly for assistance with a refund.
- 10. What if I don't see my student listed?**  
 The student may not be enrolled into the student information system yet. Check with the school of enrollment or wait a day or two and try again.

## 1 Register

- \* You will be asked to verify your security answer and contact information when you request help with your username, password, or other information on your Profile page.
  - \* References may have changed, please go to [www.schoolcafe.com](http://www.schoolcafe.com) for additional help.
- Click **Register**

- Verify "I'm registering as a Parent" is selected and click **Next Step**
- Enter your school district name and then click **Next Step**
- Enter your name and contact information, and then click **Next Step**
- Set up your username and password
- Select a **Security Question** and enter a **Security Answer**, and click **Next Step**
- Click **I'm not a robot** and follow the reCAPTCHA prompts
- Check **I accept the Terms & Conditions** and click **Create My Account**

## 2 Add Your Student(s)

- Click **Students** → **Student Accounts**
- Click **Add a Student**
- Enter your **Student's ID** [and **Lunch PIN**, if asked] and select your student's **School**
- Click **Search & Verify Student**
- Click **Add this Student**

## 3 Add Payment Source

- Click **My Account** → **Payment Sources**
- Click **Add a Card**
- Enter your **Card Number** and **Card Expiration** date
- Enter a name to associate with this card, if wanted
- Click **Add Card**

## 4 Make a Payment

- Click **Students** → **Student Accounts**
- Click **Make a Payment**
- Enter **Payment** dollar amount
- Click **Next** >
- Select a **Payment Method**, or enter card information for a one-time payment
- Click **Submit Payment** >

## Set Automatic Payment

- Click **Students** → **Student Accounts**
- Click **Automatic Payment** ( ) in a student listing
- Enter **Payment Amount** and enter amount in **Balance Threshold** to trigger payment
- Select a **Payment Source** and set **Auto Pay Expiration Date** for stop payment date
- Click **Add Automatic Payment**

## Set Low Balance Alerts

- Click **Students** → **Student Accounts**
- Click **Low Balance Alert** ( ) in a student listing
- Enter **Threshold** amount
- Enter number of days to elapse between alerts

**2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS**  
**EASTMONT SCHOOL DISTRICT**

Apply online: [www.eastmont206.org](http://www.eastmont206.org)

**Complete, sign, and return this application to: your student's school or Eastmont Administration Office 800 Eastmont Ave., East Wenatchee, WA 98802**

**Check here if you received meal benefits last year:**  Homeless  Migrant

**1. List all students living with you that are attending school.** If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-Weekly	2 X Month	Monthly
			<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"/>	<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"/>	<input type="checkbox"/>

**2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

Basic Food  TANF  Food Distribution Program on Indian Reservations (FDIPR) Case Number: \_\_\_\_\_

**3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.**

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member				Pensions/Retirement/Social Security (SSI)	Weekly	Bi-Weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-Weekly	2 X Month	Monthly
			Monthly	2 X Month	Weekly	Bi-Weekly										
	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>

**4. Total Household Members (include all people living in your household):** \_\_\_\_\_ **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member** \_\_\_\_\_ **Check if no SSN:**

**5. Contact Information & Signature – Complete, sign, and return this application to:**  
 (total listed must equal number of household members listed above)

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.

**Printed Name of Adult Household Member** \_\_\_\_\_ **Adult Household Member Signature** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City, State & Zip Code** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities:     American Indian or Alaska Native     Asian    Mark one ethnic identity:  
 Black, or African American     Native Hawaiian or Other Pacific Islander     Hispanic or Latino  
 White     Not Hispanic or Latino

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 (Basic Food), 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 the 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](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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Eastmont School District's Non-Discrimination Statement**

Eastmont School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

**SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

**LEA APPROVAL:**     Basic Food/TANF/FDPIR/Foster    Total Household Size \_\_\_\_\_    Weekly        Bi-Weekly        2x per Month        Monthly        Annual      
 Income Household    Total Household Income    \$ \_\_\_\_\_       

**APPLICATION APPROVED FOR:**     Free Meals    **APPLICATION DENIED BECAUSE:**     Income Over Allowed Amount     Other: \_\_\_\_\_  
 Reduced-Price Meals     Incomplete/Missing Information

Date Notice Sent \_\_\_\_\_    Signature of Approving Official \_\_\_\_\_    Date \_\_\_\_\_



## National School Lunch Program/School Breakfast Program 2019-20 Letter to Households (Public Schools)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K-7	\$ 1.50	\$ 2.75	\$ 1.25
8-12	\$ 1.75	\$ 3.00	\$ 1.25
Adult	\$ 2.25	\$ 4.00	\$ 1.25

REDUCED-PRICE			
Grade Level	Breakfast	Lunch	Snack
K-3	\$ 0	\$ 0	\$ 0
4-12	\$ 0	\$ .40	\$ 0
	\$	\$	\$

### Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to **your student's school or Eastmont Administration Office 800 Eastmont Ave., East Wenatchee, WA 98802**.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

### What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at **(509)888-4715 or (509)888-4716**.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2019–June 30, 2020					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each add'l family member, add:	\$8,177	\$682	\$341	\$315	\$158

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

### What must be on the application?

#### A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5; Part 6* is optional.

#### B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5; Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

**Last 4 digits of SSN are not required for B.**

**National School Lunch Program/School Breakfast Program  
2019-20 Letter to Households (Public Schools)**

**What must be on the application? *continued***

**C. For a family getting Basic Food/TANF/FDPIR:**

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1, 2, 4, and 5*. *Part 6* is optional.

**Last 4 digits of SSN are not required for C.**

**D. For household with a foster child(ren) and other children:**

Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

**What if I'm not receiving basic food dollars?**

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

**Do my children automatically qualify if they have a case number?**

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

**If anyone in my household has a case number, will all children qualify for free meals?**

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

**Basic Food - Can I qualify for assistance in buying food?**

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

**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.

**My child's application was approved last year. Do I need to fill out a new one?**

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**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.

**Health Coverage**

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

**What if my child needs special foods?**

If your child needs special foods, contact the school/district food service office.

**Proof of Eligibility**

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

**Fair Hearing**

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with **Garn Christensen**, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number **(509) 884-7169**.

**Reapplication**

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.