



Shannon Cueva, Director

970 Klamath Lane • Yuba City, CA • 95993 • Phone (530) 822-2949 • Fax (530) 822-3039

To: Principals, Participating Schools

Re: Free and Reduced Meal Program Fiscal Year: _____
(Please enter year you are attending)

The Shady Creek Program is approved by the State of California Child Nutrition Services Office for the School Breakfast/Lunch Program.

Please list alphabetically by those students qualified for free or reduced meals on the attached form. The signature by the authorized representative certifies that all the Free and Reduced policies have been followed. The signature also indicates the following:

1. That the school district agrees to maintain applications on file for 5 years.
2. That the school district agrees not to discriminate against any child and to gather all information for Civil Rights compliance.
3. That the school district agrees to use criteria of eligibility and to carry out verification requirements.
4. That the school district agrees to provide documentation on the special dietary needs of a handicapped child that will attend Shady Creek. Please indicate their name on this roster and attach documentation. Shady Creek will make every effort to meet these special dietary needs.
5. Districts understand that foster children are categorically eligible for free meals
6. Districts understand that households with children who are categorically eligible under *Other Source Categorically Eligible* may contact the school for assistance in receiving benefits
7. District ensures there are no barriers for participation in our program for Limited English Proficient (LEP) students. State agencies and LEAs are required to communicate with parents and guardians in a language they can understand.

The above are items of compliance with Free and Reduced Policy for the National School Program and State needy only Program which you are already following.

This is an equal opportunity program. If you believe any child has been discriminated against because of race, color, ethnic/national origin, age, sex, religion or disability, you should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

You or your authorized representative need to indicate the names of those students qualified for free or reduced price lunch on the reverse side of this page and return to Shady Creek Outdoor School, Attn: Willi Slack, 970 Klamath Ln, Yuba City, CA 95993 one week prior to departure for Shady Creek.

All schools offering National School Lunch Program need to make provisions so that students will obtain a lunch on Friday after returning from Shady Creek. Due to the fact that the students leave the Shady Creek facility before lunch, the Outdoor Program cannot provide for this meal. Therefore, the responsibility remains with each school.

(over)

TO: Shady Creek Program

Fiscal Year: _____

FROM: _____

Authorized signature for School/District Date

School/School District

The following pupils qualify for reduced lunch	The following pupils qualify for free lunch
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.
22.	22.
23.	23.
24.	24.
25.	25.
26.	26.
27.	27.
28.	28.
29.	29.
30.	30.
31.	31.
32.	32.
33.	33.
34.	34.
35.	35.

Please mail or fax this form to Monica Ramos at the Shady Creek Office prior to your arrival at Shady Creek. Her confidential fax number is (530) 822-3039. If you have any questions regarding free and reduced, please call Willi at (530) 822-2949.