

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2019-2020

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME

SECTION C. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, which school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER ()	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-	
MAILING ADDRESS			
CITY		ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White			
2. Mark one ethnic identity:			
<input type="checkbox"/> Of Hispanic or Latino origin	<input type="checkbox"/> Not of Hispanic or Latino origin		
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION			
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied	<input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits
Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):		Direct Certified as: H M R	EP <input type="checkbox"/>
Year Round Track:	Household Size:	Household Income:	
Determining Official:	Date:	2 nd Review – Official:	Date:
Verification Official:	Date:	Follow up:	

