

Beardsley School District 2017/2018

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

FILL OUT ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

YOU MAY APPLY ON-LINE @ BEARDSLEYSCHOOL.ORG

FOR SCHOOL USE ONLY		ELIGIBILITY DETERMINATION	
HSHLD SIZE:	HSHLD INCOME: \$	FQ =	
FREE:	REDUCED:	DENIED:	
FREE with: CF / CalWORKs / Kin-GAP / FDPIR		Direct Certified as: H M R	EP <input type="checkbox"/>
DETERMINING OFFICIAL:		DATE:	2 nd Review:
VERIFICATION OFFICIAL:		DATE:	Follow-up:

*SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION			CHECK BENEFIT BOX ↓	FOSTER CHILD INCOME
LIST ALL CHILDREN IN YOUR HOUSEHOLD	<u>FIRST NAME</u>	<u>SCHOOL NAME</u> OR N/A IF NONE	<input type="checkbox"/> CalFresh <input type="checkbox"/> FDPIR <input type="checkbox"/> CalWORKS <input type="checkbox"/> KIN-GAP <input type="checkbox"/> HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY	FOSTER = X foster children are no longer considered a household of one and can be listed as a household member along with non-foster children
<u>LAST NAME</u>		<u>ENTER CASE NUMBER</u> ↓	\$	
			\$	
			\$	
			\$	
			\$	

If you entered a case number in Section A, skip Section B and complete Section C.

*SECTION B. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME

(1) List *all adult* household members, regardless of income. Mark "0" or leave blank to certify no income.
 (2) Indicate income amounts paid in each source and how often for each adult household member below. Whole dollars only.
 (3) Sometimes students earn income. If so, enter the names and income earned by any students listed in Section A.

<u>FULL NAME</u>	<u>BEFORE TAXES</u>	<ul style="list-style-type: none"> • Unemployment • Worker's comp • SSI • Alimony payments • Child support • Veterans benefits 	<ul style="list-style-type: none"> • Private pensions • Retirement • Annuities • Any other Income 	<u>HOW OFTEN</u>	FOR SCHOOL USE ONLY: TOTAL INCOME & FREQUENCY Y, M, W, 2W, 2M
	<ul style="list-style-type: none"> • Salary & Wages • Self-employment 			Y = YEARLY M = MONTHLY W = WEEKLY 2W = BI-WEEKLY 2M = 2x A MONTH	

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Privacy Act Statement: 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 are not required when you list a CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), 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.

*SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

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 for the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

<u>SIGNATURE</u> OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	TELEPHONE NUMBER	DATE
<u>PRINTED NAME</u> OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION	<u>LAST FOUR NUMBERS</u> of your social security number OR <input type="checkbox"/> I do not have a SSN	
ADDRESS	TOTAL HOUSEHOLD MEMBERS	
CITY	STATE	ZIP CODE

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

This institution is an equal opportunity provider