

\*PLEASE FILL OUT ONLY ONE APPLICATION FOR YOUR HOUSEHOLD\*

# Beardsley School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

**2016/2017**

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

- List *all adult* household members, regardless of income. Mark "X" if no income.
- Indicate amounts and sources of income for those adult household members with income last month.
- Enter any income received last month *by/for a child* from full-time or regular part-time employment, SSI, or Adoption Assistance payments; if amount last month was more/less than usual, enter the usual amount.

<u>FULL NAME</u>	NO INCOME = X	MONTHLY:	MONTHLY:	MONTHLY:	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
		<u>BEFORE TAXES</u>	<ul style="list-style-type: none"> <li>Private pensions</li> <li>Trusts or Estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment</li> <li>Worker's comp</li> <li>SSI</li> <li>Alimony payments</li> <li>Child support</li> <li>Veterans benefits</li> </ul>		
		<ul style="list-style-type: none"> <li>Salary &amp; Wages</li> <li>Self-employment</li> </ul>				\$
						\$
						\$
						\$
						\$

California Applications Education Code Section 49557(a): 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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or 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