

Complete only one application per household.

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 federal 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.

Child's First Name, Middle Initial, Last Name

School Name

Birth Date

Check all that apply	<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"/>

OFFICE USE ONLY
(STUDENT ID #)

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If **NO**, skip STEP 2 and continue to STEP 3.

<p>If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.</p>	<p>Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR</p>	<p>Enter Case Number:</p>
---	--	----------------------------------

Child income	Weekly	2x Week	2x Month	Monthly
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

		How Often?					How Often?				Pension/ Retirement	How Often?			
Name of Adult Household Members (First and Last)	Earnings from Work	W	2W	2M	M	Public Assistance/SSI/ Child Support/Alimony	W	2W	2M	M	All Other Income	W	2W	2M	M
<div style="border: 1px solid black; height: 60px;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80px;"> </div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	\$ <div style="border-bottom: 1px solid black; width: 80px;"> </div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	\$ <div style="border-bottom: 1px solid black; width: 80px;"> </div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>	<div style="text-align:center;"><div style="border: 1px solid black; width: 30px; height: 30px; margin:auto;"></div></div>

Total Household Members (Children and Adults)	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

STEP 4 – SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION

Certification: "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."

Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member: Check the box if NO SSN <input type="checkbox"/>				_____			
Signature of adult completing this form:				Today's Date:			
Print Name:		Phone #:		E-mail:			
Address:		City:		State:		Zip Code:	

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.

☐ 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

Annual Income Conversion: Weekly x52, Bi-Weekly x26,
Twice a Month x24, Monthly x12

Total Household Size		Total Household Income \$	
How Often?			
Weekly	Bi- Weekly	Twice a Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yearly			
<input type="checkbox"/>			
Eligibility Status:			
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced-price	<input type="checkbox"/> Paid (Denied)	
<input type="checkbox"/> Categorical			
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway			
<input type="checkbox"/> Error Prone		Application #	
Determining Official's Signature:		Date:	
Confirming Official's Signature:		Date:	
Verifying Official's Signature:		Date:	

