

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
OR FREE MILK FOR SCHOOL YEAR 2011-2012**

COMPLETE AND RETURN THIS APPLICATION  
TO THE SCHOOL

**ONE APPLICATION PER FAMILY**

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION			
HSHLD SIZE:	HSHLD INCOME: \$		
FREE:	REDUCED:	DENIED:	
FREE with: CF / CalWORKs Kin-GAP / FDPIR			<b>APP #</b>
TEMPORARY FREE UNTIL: (45 calendar days from date of determination)		NOTES:	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			CALFRESH, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD	FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	SCHOOL NAME	YES/ NO	IF YES, ENTER CASE NUMBER BELOW:	YES/ NO	STUDENT ID
1.						
2.						
3.						
4.						
5.						

If you entered a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number for **each** child in Section A, skip Section B and complete Section C.

**SECTION B. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY)**

(1) List all **adult household members**, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) **Enter any income received last month by/for a child** from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount.

FULL NAME	GROSS EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	NO INCOME CHECK BOX
1.					
2.					
3.					
4.					
5.					

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:** This explains how we will use the information you give us. 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 is not required when you apply on behalf of a foster child or you list a CalFresh, 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**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 in connection with the receipt of Federal funds, that 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 criminal statutes.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER \_\_/\_\_/\_\_ or  I DO NOT HAVE A SOCIAL SECURITY NUMBER (CHECK BOX)

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

(OPTIONAL) Mark one or more racial identities: \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African-American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

(OPTIONAL) Mark one ethnic identify: \_\_\_ Of Hispanic or Latino Origin \_\_\_ Not of Hispanic or Latino Origin