

Palermo Union School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR (2011-12)

Please complete, sign, and return this application to the school. For additional instructions refer to the *Letter to Households that is attached to this form.*

SECTION A. HOUSEHOLDS RECEIVING CalFresh (Food Stamp), CalWORKs, Kin-GAP, and/or FDPIR :

1. List your children that receive the above mentioned benefits and their case number(s):

LAST NAME	FIRST NAME	SCHOOL / GRADE	CASE NUMBER
		/	
		/	
		/	
		/	

Foster Child: Child Nutrition Reauthorization 2010 extends categorical eligibility for free meals, without further application, to any foster child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker. A foster child can be listed as a household member along with non-foster children.

2. If you do **not** receive CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits for **each** child in your household, go to Section B. **Otherwise, sign the application in SECTION C.**

SECTION B. HOUSEHOLDS NOT RECEIVING Cal Fresh (Food Stamp), CalWORKs, Kin-GAP, or FDPIR:

1. A foster child can be listed as a household member along with non-foster children. The foster child is certified for free meals. Note: The presence of a foster child in the household does NOT extend eligibility for free meals to all children in the household in the same manner as CalFresh, CalWORKs, or FDPIR participation does. An eligibility determination is made for other household children based on the household's income. Foster payments are not included in the household income.

2. List the names of the school children in your household who **do not** receive CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits.

LAST NAME	FIRST NAME	SCHOOL / GRADE	INCOME
		/	
		/	
		/	
		/	

3. List the names of other children in the household that are **not** in school:

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

SECTION C. ADULT HOUSEHOLD MEMBERS: List all adult household members, regardless of income. Indicate amount and source of **monthly income each** household member received last month. If amount(s) last month were more or less than usual, enter the usual monthly income. Do not complete this section if a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number is provided for each child listed in Section A.

LAST NAME	FIRST NAME	GROSS 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
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

FOR SCHOOL USE ONLY -- Eligibility Determination				Year Track:	
HOUSEHOLD SIZE:		HOUSEHOLD INCOME:		2 nd Review:	
Free	Reduced-Price	Denied	Direct Certified as: H M R EP <input type="checkbox"/>		
Temporary Free Until (45 calendar days from date of determination):					
Determining Official:			Date:		
Verification Official:			Date:		Follow-up:

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 if 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.

I certify that all of the information provided 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, 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		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	
X		WRITE "NONE" IF CALFRESH, CALWORKS, FDPIR OR NO SS#:	
PRINT NAME OF ADULT SIGNING THIS APPLICATION			DATE
MAILING ADDRESS			
CITY			ZIP CODE
HOME TELEPHONE		WORK TELEPHONE	

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

1. Mark one or more racial identities:

- American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander White

2. Mark one ethnic identity:

- Of Hispanic or Latino Origin Not of Hispanic or Latino Origin