

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR 05-06

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 Food Stamps, CalWORKs, Kin-GAP, and/or FDPIR benefits:

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

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

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

Foster Child: In some cases, foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for such meals or milk for them, please contact your school's food administrator.

SECTION B. HOUSEHOLDS NOT RECEIVING Food Stamps, CalWORKs, Kin-GAP, or FDPIR:

1. Is this application for a Foster Child? Yes No
If Yes, write the child's name and personal income, then date and sign the application.

Child's Name _____ Income \$ _____

2. List the names of the school children in your household who do not receive Food Stamps, 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 Food Stamp, 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. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	

This Institution is an Equal Opportunity Provider

FOR SCHOOL USE ONLY - Eligibility Determination		Year Track
HOUSEHOLD SIZE	HOUSEHOLD INCOME	2nd Review
Free	Reduced-Price	Denied
Temporary Free Until 45 calendar days from date of determination	Direct Certified	SP
Determining Official	Date	
Verification Official	Date	Followup

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: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

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	SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)
X _____	
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

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR 05-06**

Please complete the application on the reverse, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits
- The names and income of all other household members
- The signature of the child's or children's parent or guardian
- The Social Security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.

ALL HOUSEHOLDS: READ THIS SECTION

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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.