

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you complete the Application for Free and Reduced-Price Meals. You only need to submit **one** application per household, even if your children attend more than one school in **[insert school district]**. The Application must be complete to certify your children for free or reduced-price meals. Please follow these instructions in order. Each step of the instructions is the same as the steps on your Application. If there are more household members than the number of lines on the application, attach a second application with all the required information. If at any time you are not sure what to do next, please contact **[insert contact information]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION.

STEP 1: STUDENT INFORMATION

When completing STEP 1, please include **ALL STUDENTS** in your household who are:

- Students attending **[insert school/school district]**
- Children age 18 or under AND are supported with the household's income (do NOT have to be related to you to be a part of your household)
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway

A) Student's name. Print the student's first, middle initial, and last name. Use one line per student.

B) School name and grade level. Print the name of the school the student will attend and his/her grade level.

C) Date of birth. Print the student's date of birth.

D) Do you have any foster children? If any foster children live in your household, check the "Foster Child" box next to the student's name. Foster children who live with you may count as members of your household and should be listed on your Application. If you are **ONLY** applying for foster children, complete STEP 1, and then continue to STEP 4.

E) Are any children homeless, migrant, or runaway? If you believe any student listed in STEP 1 meets these descriptions, check the applicable "Homeless, Migrant, or Runaway" box next to the student's name and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS: CALFRESH, CALWORKs, OR FDPIR

Your children are eligible for free meals if ANY household member (child or adult) currently participates in one of the following assistance programs listed below:

- CalFresh
- California Work Opportunity and Responsibility to Kids (CalWorks)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank
- Go to **STEP 3**

B) If anyone in your household participates in one of the above listed programs:

- Check the applicable assistance program box
- Enter a case number for CalFresh, CalWORKs, or FDPIR. You only need to provide one case number.
- Go to **STEP 4**. Do not complete STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Review the charts below titled "**Sources of Income for Children**" and "**Sources of Income for Adults,**" to determine if your household has income to report.
- Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars, do not include cents.
 - Gross income is the total income received before taxes
 - Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zero income. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Enter the appropriate pay period in the "How Often" column: W=Weekly, 2W=Bi-Weekly, 2M=Twice a Month, M=Monthly, Y=Yearly

Sources of Income for Children		Sources of Income for Adults		
A child's income is money received from outside your household that is paid DIRECTLY to your child. Many households do not have any child income to report.		Earnings from Work Salary, wages, cash bonuses Net income from self-employment (farm or business) U.S. Military: <ul style="list-style-type: none"> ▪ Basic pay and cash bonuses ▪ Allowances for off-base housing, food and clothing ▪ Do NOT include combat pay, Family Substance Supplemental Allowance, or privatized housing allowances 	Public Assistance/SSI/Alimony/Child Support Unemployment benefits Workers' compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans benefits Strike benefits	Pensions/Retirement/All Other Income Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household
Sources of Child Income	Example(s)			
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.			
Income from person outside the household	A friend or extended family member regularly gives a child spending money.			
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.			

3.A REPORT INCOME EARNED BY STUDENTS FROM STEP 1

A) Report all income earned or received by STUDENTS. Report the combined gross income for **ALL STUDENTS** listed in STEP 1 in your household in the box marked "Total Student Income." Enter the appropriate pay period in the box marked "How Often." Only include a foster child's income if you are applying for foster and non-foster children on the same application.

3.B REPORT INCOME FOR ALL OTHER HOUSEHOLD MEMBERS (Adults and Children)

When filling out this section, please include **ALL OTHER** household members who are living with you and share income and expenses, **even if they are not related and even if they do not receive income of their own.**

Do NOT include:

- Students already listed in **STEP 1.**
- People who are not supported by your household's income AND do not contribute income to your household.
- Payments received from a foster care agency or court for the care of foster children.

A) Names of ALL OTHER household members. Print the names of each household member (First and Last). Use one line per name. **Do not include any student listed in STEP 1.**

B) Earnings from Work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at a job. If you are a self-employed business or farm owner, you will report your net income. Enter "How Often" this member earned or received income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

C) Public Assistance/SSI/Child Support/Alimony. Report all income in the "Public Assistance/SSI/Child Support/Alimony" field on the Application. **Do not report the cash value of any public assistance benefits NOT listed on the chart above.** If income is received from child support or alimony, only report court-ordered payments. Informal, but regular payments should be reported as "other" income in the next part. Enter "How Often" this member earned or received income.

D) Pensions/Retirement/All Other Income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. Enter "How Often" this member earned or received income.

E) Total Household Size. Enter the total number of household members in the "Total Household Members (Children and Adults)" field. This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list ALL household members, as the size of your household affects your eligibility for free and reduced-price meals.

F) Enter the last four digits of your Social Security number. An adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for meal benefits even if you do not have an SSN. If no adult household members have an SSN, leave this field blank and check the box to the right labeled "Check the box if NO SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all the information they provided has been truthfully and completely reported. Before completing this section, please make sure you have read the information and non-discrimination statements below.

A) Sign and print your name. Print the name of the adult household member signing the application.	B) Provide your contact information. Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us to reach you quickly if we need to contact you.	C) Write today's date. In the space provided, write today's date in the box.
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OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

We ask you to share information about your children's race and ethnicity. Please check the appropriate boxes. This field is optional and does not affect your children's eligibility for free or reduced-price meals.

OPTIONAL: CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS

This application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Please complete the applicable section. This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals.

INFORMATION 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.

NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

School Year 2016-2017 [insert school name] Application for Free and Reduced-Price Meals with CalFresh Option Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at [insert Web address]. This institution is an equal opportunity provider.

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."

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				Foster Child	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If YES , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

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."

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

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 income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			Pensions/Retirement SSI/All Other Income		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		

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

DO NOT COMPLETE. SCHOOL USE ONLY	
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income <input type="text"/>
Total Household Size <input type="text"/>	Approved: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Denied Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
<input type="checkbox"/> Categorical <input type="checkbox"/> Error Prone	
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES
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.
Ethnicity (check one):
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS

Pursuant to California Education Code 49558(d)

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

Check this box if you are the parent or guardian of **every student** listed in STEP 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today's date below.

Print Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____ Today's Date: _____

In households with multiple families, the parent or guardian of each student must approve and sign for their **own child(ren)**. To consent to sharing this application as stated above, the parent or guardian must print their child's name, print their name, sign their name, and enter today's date below.

Print Student Name	Print Name of Parent/Guardian	Signature of Parent/Guardian	Today's Date