

FREQUENTLY ASKED QUESTIONS ABOUT THE MEAL BENEFIT PROGRAM

Dear Parent/Guardian:

Children need healthy meals to learn. **Auburn Union School District** offers healthy meals every school day. Breakfast costs **\$1.75 at all school sites**; lunch costs **\$3.00 at all school sites**. **Your children may qualify for free meals or for reduced price meals.** Reduced and free price meals are **\$0.00** for the first breakfast meal of the day and **\$0.00** for the first lunch meal of the day per student. Additional full meals and menu items can be purchased at regular menu cost. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **California SNAP (CalFRESH, CalWORKS), the Food Distribution Program on Indian Reservations (FDPIR) or California TANF**, are eligible for one free breakfast and one free lunch meal each school day.
- **Foster children** that are under the legal responsibility of a foster care agency or court are eligible for one free breakfast and one free lunch meal each school day.
- Children participating in their school's **Head Start** program are eligible for one free breakfast and one free lunch meal each school day.
- Children who meet the definition of **homeless, runaway, or migrant** are eligible for one free breakfast and one free lunch meal each school day.
- Children may receive free or reduced price meals if your **household's income** is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for one free or reduced priced breakfast and one free or reduced priced lunch meal each school day if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART – Reduced Priced Meal Benefit Program
Eligibility For School Year **2020-21**

Household Size	Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	\$ 23,606.00	\$ 1,968.00	\$ 984.00	\$ 908.00	\$ 454.00
2	\$ 31,894.00	\$ 2,658.00	\$ 1,329.00	\$ 1,227.00	\$ 614.00
3	\$ 40,182.00	\$ 3,349.00	\$ 1,675.00	\$ 1,546.00	\$ 773.00
4	\$ 48,470.00	\$ 4,040.00	\$ 2,020.00	\$ 1,865.00	\$ 933.00
5	\$ 56,758.00	\$ 4,730.00	\$ 2,365.00	\$ 2,183.00	\$ 1,092.00
6	\$ 65,046.00	\$ 5,421.00	\$ 2,711.00	\$ 2,502.00	\$ 1,251.00
7	\$ 73,334.00	\$ 6,112.00	\$ 3,056.00	\$ 2,821.00	\$ 1,411.00
8	\$ 81,622.00	\$ 6,802.00	\$ 3,401.00	\$ 3,140.00	\$ 1,570.00
Each Additional Family Member Add	\$ 8,288.00	\$ 691.00	\$ 346.00	\$ 319.00	\$ 160.00

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call the **Child Nutrition Services Department at (530) 745-8824**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? **No.** Use one Meal Benefit Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your school site secretary or directly to Director of Child Nutrition, April Mackill, at the District Office located at 255 Epperle Lane, Auburn, CA 95603.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Child Nutrition Department at (530) 745-8824 or amackill@auburn.k12.ca.us immediately.
5. CAN I APPLY ONLINE? You can download a PDF copy of the meal application at our District website at www.auburn.k12.ca.us. Contact Director of Child Nutrition April Mackill at (530) 745-8824 or amackill@auburn.k12.ca.us if you have any questions about the application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for ONE school year and for the first few days of this school year. You must send in a new application unless the Child Nutrition Services Department sent you a letter that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals based on household information. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to **Child Nutrition Services, Attn: April Mackill, 255 Epperle Lane, Auburn, CA 95603** or (530) 745-8824.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. **You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.**
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **California SNAP** or other assistance benefits, contact your local assistance office or call **1-877-847-FOOD (1-877-847-3663)**.

If you have other questions or need help, call (530) 745-8824.

Sincerely,
April Mackill
Director of Child Nutrition
Auburn Union School District
amackill@auburn.k12.ca.us
(530) 745-8824

HOW TO COMPLETE THE MEAL BENEFIT PROGRAM APPLICATION

Dear Parent/Guardian:

We are so glad you are completing the Meal Benefit Application this school year! The Meal Benefit Program is a federally funded program designed to help provide school meals for children at low to no cost to parents.

Even if your student does not plan on purchasing meals at school, it is very helpful for our Local Control and Accountability Plan to gather and use this information. All information submitted is kept strictly confidential.

Any students who are eligible for the Meal Benefit Program are not identified differently at any of our school sites.

The Meal Benefit Application is only valid from the date a signed and completed copy is received by our Child Nutrition Department. Once an Application is approved, the eligibility is in effect for the rest of the school year, pending annual random verification.

There are **4 sections** to the Meal Benefit Application. Here's how you complete the application:

2019/20 Auburn Union School District Meal Benefit Program Application

California Department of Education, February 2019

Please read the instructions on how to apply. Print clearly with a pen. This instruction is an equal opportunity provider. For more information, please visit www.PLEED.org. California Education Code Section 48507(p): 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 earnings 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.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level	Enter student's date of birth	Check the applicable box if the student is: Homeless, Homeless, Migrant, or Runaway				
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Homeless	Homeless	Homeless	Homeless
				<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"/>

Section 1

STEP 2 - ASSISTANCE PROGRAMS, WORKS, or FDIAR
If YES, check the box:
Select Program Type: ☐ CalFresh ☐ CalWORKS ☐ FDIAR Enter Case Number: _____

STEP 3 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Some children are in the household but do not have income. Enter the TOTAL GROSS income (before deductions) in the household earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 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 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 field blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER HOUSEHOLD MEMBERS (First and Last)	Earnings from Work	How Often	Public Assistance/Child Support/Alimony	How Often	Pension/Retirement/All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Section 3

C. Total Household Members: (Children and Adults) ☐ **D. Enter the last four digits of the Primary Wage Earner's Social Security Number (SSN) from the Primary Wage Earner or Other Adult Household Member:** Check the box if NO SSN: ☐

Section 2

STEP 4 - CONTACT INFORMATION AND SIGNATURE
Certification: I certify (promise) that the information I provide is true and that I am aware that my children may lose meal benefits if I provide false information. I am aware that my children may lose meal benefits if I provide false information. I am aware that my children may lose meal benefits if I provide false information.

Signature of adult completing this application: _____

Print Name: _____

Date: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Section 4

DO NOT COMPLETE: SCHOOL USE ONLY

How Often: ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly
Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Total Household Size: Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied) ☐ Categorical

Verified as: ☐ Homeless ☐ Migrant ☐ Runaway ☐ Other Please _____

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):
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Don't forget! Your student's eligibility doesn't start until the Nutrition Services Department has your signed and completed application and has processed it!

1. **Section 1 – Part One:** In this step, you will need all the names, birthdates, schools, and grade levels for ALL children in the household. PLEASE write or type the names of all children in the household, even if they do not attend PLESD or are not in school. Anyone in the household under the age of 18 years of age is a child.

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

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

- a. **Section 1 – Part Two:** If any of your students are Foster students, Homeless, Migrant, or Runaway students, please check the appropriate box.

Check the applicable box if the student is foster, homeless, migrant, or runaway.			
Foster	Homeless	Migrant	Runaway
<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"/>

2. **Section 2:** If anyone in your household receives cash aid from CalFresh, CalWORKs, or FDPIR, please check the appropriate box and include your case number. If you complete this section, skip Step 3.

- a. PLEASE NOTE! Medi-Cal case numbers are NOT used in this section. If your household qualifies for Medi-Cal, please continue on to Step 3 and leave this section blank.

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

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

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

3. **Section 3 – Part One:** If any students receive income, record the total GROSS income and frequency the income is received for all the students in the household. Gross income is the amount before any deductions are removed from the student's income. If no students have income, please leave this section blank.

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

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income	How Often
	\$	

- a. **Section 3 – Part Two:** In this step, you will need the names and GROSS income information for all the adults in your household. Gross income is the amount before any deductions are removed from your paycheck. If an adult does not have any income, please write or type their name and leave the income information section blank.
 - i. Write or type one adult's name on the first line. If the adult has any income from work, record the GROSS amount received in the "Earnings From Work" boxes and how frequently the income is received in the "How Often" column. Use the following codes:
 1. Paid once per month: "M"
 2. Paid two times per month (for example, on the 5th and 20th of each month): "2M"
 3. Paid every other week (for example, paid every other Friday): "2W"
 4. Paid every week: "W"
 5. If you are reporting annual income: "A"

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

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly					Total Student Income \$		How Often _____
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 source, 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" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly							
Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often	
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
C. Total Household Members (Children and Adults)		D. 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"/>			

4. **Section 3 – Part Three:** At the bottom of the "Step 3" box there are two VERY IMPORTANT sections:

- "C. Total Household Members" – How many total people live in your household? This number should match the total number of names you have written in Step 1 and Step 3.
- "D. Last 4 digits of your social security number". This information is kept STRICTLY CONFIDENTIAL and is not shared. Please do not record your entire social security number.
 - If you do not have a social security number, just check the small box on the right of the Social Security Number question. If you do not have a social security number, that is ok! Your students may still be eligible for the Meal Benefit Program.

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

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly					Total Student Income \$		How Often _____
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 source, 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" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly							
Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often	
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
C. Total Household Members (Children and Adults)		D. 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"/>			

5. **Section 4:** In this step, you need to print or type your name, **sign the application**, include today's date, write or type your current mailing address, and include a current phone number and email address. **This is incredibly important! If we need to contact you, we need to know how.**

- If your application is not signed, it will be delayed or denied.

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.

Signature of adult completing this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

School Year [2020-21] Auburn Union School District Application for the Meal Benefit Program

Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

California *Education Code* Section 49557(a): Applications for the Meal Benefit Program 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 serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 – STUDENT AND CHILD INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level		Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st		Foster	Homeless	Migrant	Runaway
				<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 (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? 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:</p> <p><input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKS <input type="checkbox"/> FDIPIR</p>	<p>Enter Case Number:</p>
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STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered ‘YES’ in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income	How Often
\$		

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" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

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

C. Total Household Members (Children and Adults)	<div><div></div><div></div></div>
D. Enter the last four digits of Social Security number (SSN) from the Adult Household Member completing this application	<div><div></div><div></div><div></div><div></div></div>

Check the box if
NO SSN ☐

DO NOT COMPLETE SCHOOL USE ONLY

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 Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x12, Monthly x12										Total Household Income							
										\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Total Household Size		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							
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):

☐ 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