# 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 is \$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 <a href="Child Nutrition">Child Nutrition</a> 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 <u>Director of Child Nutrition April Mackill at (530) 745-8824 or amackill@auburn.k12.ca.us</u>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 <u>may</u> 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 <u>normally</u> 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 <u>4 sections</u> to the Meal Benefit Application. Here's how you complete the application:

2019/20 Auburn Union School Distri	ct Meal Benefit	Program Applic	ation			e apolications		lumia l'aparèna.	وعادم والمتعادة المادة
Please read the instructions on now spages, Printiclearly with a p California Education Gode Section 48557(s): Application Lanch Program with not be overtily identified by The basic STEP 1. STUDENT INFORMATION	o for free and indused :	prige month may be out	a to bettlen	ormation, presse visit	about dos	org Children pari	lainatina ia the	fadoral Na means.	tional Schoel
Children in Poster Chile and Children who meet the definition of H.	ameres, Misrant, or Busin	way are explore for the me							
Printing name of EACH STUDENT (First, Middle Initial, Late)		iter school name and		Enter student's	pirmaate		ik the applicable or, borneloss, m		
DCAMPLE: Joseph P Adams	Linco	in Elementary	İst	12-15-20	10	Feator	Hamsissa.	Migrant	Number
							П	П	
· C.	-E 1		-						
	ection 1								
TEP 2 - ASSISTAM" "ORS: O	gions -				16				
	n California, Calworks or FC	DEIGN OF NO, thip CTCP 2 and	d enerious to	STEP 1			ACT INFORMA	TION &	MATTER
IT VES, check the 8.	est Program Type:	Erte	Case Numb			erofication: I co			
number, skip STEP 3, and	CelFresh CalWORKs	DEDPR				nat this informs			
TEP 1 - REPORT INCOME FOR ALL HOUSEHOLD MEMBER	S  Skip this step if you o	inswered "YES" in STEP 2	1			ederel funds, an	diretache	Sect	ion 4
A. STUDENT INCOME: Sometimes students in the household care	income. Enter Me TOTAL 4	SROSS income (before	,	dent income How		stormation, I am ny children mar			
ocauctions; in whose assert earned by at ausents listed in 1787;		y period in the "How	.	1 1			Tate and federa	i han	
Often box: W = Weekly, 2W = Biweekly, 2M = Twice e Morth, N						The state of the s	uit completing th		12
B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List Al household member, report the TOTAL GROSS income (b close ded	ustians) in whole dellars for	ir toch yourse. If the house	held mambe	r doca not receive	' 11			11	
income from any sources, write "b", if you enter "b" or leave any r	heid: Diank, you are carery.	ng (promising) tratthert is	no income	a report.	1.	PARENSME			
Enter the appropriate pay period in the "How Orten" box: W = W	reekry, 2W : Biweekhy, 2M			erry					
(First and Last) Earn	ngs from Wort Otten				Often	Date:	Phone	Number:	
4		.	4	T					
			-	<del>                                     </del>		Mailing Address	s		
			ç						
3	Section 3		5			City		Cremer	Sp
	Jection 5			1 1 1					
C. Total Maurichard Members D. Interesting land for		المسابليات		┸┸┸	<u> </u>	S-meil:			
	Earrer of Other Adun Hous	sender (SSN) frem	100	NO SSN					
		Chola member		L NOSSN L					
DO NOT COMPLETE.	SCHOOL USE ONLY			COTTONAL	cus nates	C CTAMES A R.C.	2.2.00		
How Often!   Weetly   Si-Weetly   Twice a Month   Month Anguel Income Conversion: Weetly x32, Six edity x36, Twice a Mo	sly D Yearly	Total nousenoid income		We are require	ed to ack for	information and	DRACIAL DENI	forace and en	ancity. This
Total Mousehold Site   Eligibility Status:   Free   Reduced on				Proposition in	important or	nd helps to mex	e sure we tre ful does not offest y	ly serving our	community.
Verified as: Chismeters C Migrant		☐ Cetegorical		Tree or reduces	o-price meat	5.	2042 204 011444 1	War and the	C CISINA IN
Determining Official's Signature:	_ RUMEWBY	Date:					(creck ent):		
					Hasricari			t Hispanic or :	atno
Confirming Official's Signature:		Date		I			ore or more):	_	
Verifying Cefficiat's Signature:		Date:				iskan hative ver Pacific Island	□ Asien E		Yidar Amerika

<u>Don't forget! Your student's eligibility doesn't start until the Nutrition Services</u>

<u>Department has your signed and completed application and has processed it!</u>

1. <u>Section 1 – Part One:</u> 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

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate		k the applicable er, homeless, m		
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway

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

	k the applicable er, homeless, m		
Foster	Homeless	Migrant	Runaway

- 2. <u>Section 2:</u> If anyone if 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, CalWOR Do ANY household members (child or adult) currently partic		alWORKs or FDF	PIR? If NO. skip STO	EP 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		FDPIR	Enter Case Number:

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 (5kip 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	T	Total Stu	dent inco	me	How Often
deductions in whole dollars earned by all students listed in STEP 1. Enter the appropriate	-				
Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	P				

- a. <u>Section 3 Part Two:</u> 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 5<sup>th</sup> and 20<sup>th</sup> 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 HOUSEHO	JLD ME	MBERS	Skip this ster	p if you	answe	ered 'Y	ES' in STEP	2)				
A. STUDENT INCOME: Sometimes students in the h deductions) in whole dollars earned by all students	household	d earn in	come. Enter th	e TOTAL	GROS	S incom	ne (before	_	tal Stu	dent inco	ome I	How Often
Often" box: W = Weekly, 2W = Biweekly, 2M = Twi	rice a Mo	onth, M =	Monthly, Y =	Yearly				s				
B. ALL OTHER HOUSEHOLD MEMBERS (including yo household member, report the TOTAL GROSS incom income from any sources, write "0". If you enter "0" Enter the appropriate pay period in the "How Ofte	me (befor )" or leave en" box: \	re deduc e any fiel	ctions) in whole lds blank, you a	dollars f are certif	for eac	h sourc	e. If the hous	sehold m	ember	r does not p report.	t receive	ach
Print the name of ALL OTHER Household Member: (First and Last)	5	Earning	s from Work	How Often			stance/SSI/ ort/Alimony	How Often		isions/Ret III Other II	tirement/ Income	/ How Often
					\$				\$			
No.	Ś				_				\$			
	\$				\$				\$			
	\$				\$				\$			
			digits of Social rner or Other A				,	I			Check th	

- 4. Section 3 Part Three: At the bottom of the "Step 3" box there are two VERY IMPORTANT sections:
  - a. "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.
  - b. "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.
    - i. 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 F	OR ALL HOU	JSEHOLD N	иемв	BERS (Skip this ster	o if you	answ	ered 'YES'	in STEP	2)			
A. STUDENT INCOME: Sometin	mes students ir	n the house	hold es	arn income. Enter th	e TOTAL	GROS	S income (b	efore	_	otal Stu	ident Income	How Ofter
deductions) in whole dollars ea Often" box: W = Weekly, 2W =						ау рег	riod in the *	How	s			
B. ALL OTHER HOUSEHOLD ME household member, report the income from any source Enter the appropriate p	"O". If you en	iS income (b) nter "0" or le	efore o	t ALL household men deductions) in whole my fields blank, you a = Weekly, 2W = Biwe	dollars f are certif	or eac	th source. If fromising) th	the hou	sehold	member	r daes not rece to report.	or each ive
Print the name of ALL ( (First	ousehold Me	embers	Es	arnings from Work	How Often		olic Assistan Id Support/A			50,000,000	sions/Retireme All Other Incom	20104
			\$			\$				\$		
			\$			\$				s		
			\$			\$				S		
			\$			\$		1		\$		
C. Total Household Members (Children and Adults)				t four digits of Social age Earner or Other A						İ		k the box if

- 5. <u>Section 4:</u> In this step, you need to print or type your name, <u>sign the application</u>, include today's date, write or type your current mailing address, and include a current phone number and email address. <u>This is incredibly important!</u> If we need to contact you, we need to know how.
  - a. If your application is not signed, it will be delayed or denied.

TILL 4 COM	ACT INFORMA	TION OF ME	OLI SIGNATORI
Certification: I ce application is tru			nation on this rted. I understand
that this informa	tion is given in co	onnection w	ith the receipt of
federal funds, an			
			e false informatio
my children may			
under applicable			y be prosecuted
Signature of ad	ult completing th	his applicatio	on:
Print Name:			and (I)
Date:	Phone	Number:	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Mailing Address	s:		
City:	-	State:	Σίρ:

Complete one application per household.

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

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 tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

	c	
-		1
ı		
•	ς	Į
•	5	
å	ī	7
	-	
1		J
ė	4	
•	4	_
•		
1		3
i	7	
i	٠	
0	-	•
1		1
:	7	,
i		7
	1	۱
1		
i	2	
ı	1	1
1		3
٠		1
i		
ċ	,	1
	٠.	•
	ı	
1		
ı	1	2
i	ī	i
i	101	

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)	ш	Enter school name and grade level		Enter	Enter student's birthdate	late	Check the applicable box if the student is foster, homeless, migrant, or runaway.	oplicable bo eless, migra	ox if the stude ant, or runa	ent is
EXAMPLE: Joseph P Adams	Linco	Lincoln Elementary	1st		12-15-2010	Foster	er Hom	Homeless	Migrant	Runaway
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.	or FDPIR in CalFresh, CalWORKs or F	:DPIR? If NO, skip STEP 2 and	d continu	e to STEP 3.		STEP 4 – C	ONTACT INF	FORMATIC	ON & ADUI	STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE
If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: CalFresh CalWORKs	Ente	Enter Case Number:	mber:		Certification application that this inf	Certification: I certify (promise) that all information on this application is true and that all income is reported. I underst that this information is given in connection with the receipt	omise) that iat all incom iven in coni	t all informat ne is reported nection with	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
STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)	S (Skip this step if you	answered 'YES' in STEP 2	_			federal func	federal funds, and that school officials may verify (check) the	chool officia	als may verify	federal funds, and that school officials may verify (check) the
A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before	income. Enter the TOTAL	GROSS income (before	Total	Total Student Income	e How Often	_	morniacion: Tain aware urat in purposery give false informat my children may lose meal benefits, and I may be prosecuted	ulat II i pur al benefits,	, and I may b	alse information, e prosecuted
deductions) in whole dollars earlied 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	<ol> <li>Enter the appropriate p</li> <li>Monthly Y = Yearly</li> </ol>	ay period in the "How	\$			under appli	under applicable state and federal laws.	nd federal la	aws.	T T T T T T T T T T T T T T T T T T T
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	LL household members no	t listed in STEP 1, even if the	ey do not	receive income	e. For each	Signature	Signature of adult completing this application:	pleting this	application:	
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	fields blank, you are certify Veekly, 2W = Biweekly, 2N	ing (promising) that there is no income to re 1 = Twice a Month, M = Monthly, Y = Yearly	no incor	ne to report.		Print Name:	äi			
Print the name of ALL OTHER Household Members  (First and Last)	Earnings from Work Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	ement/ How	Date:		Phone Number:	ımber:	
vs.		\$	₩			Mailing Address:	droce.			
ν,		ψ,	₹			Similar Manual Control	die55.			
\$		φ.	₩			City:			State: Z	Zip:
ν,		\$	₩.			E-mail:				
C. Total Household Members D. Enter the last fo (Children and Adults)	D. Enter the last four digits of Social Security number (SSN the Adult Household Member completing this application	number (SSN) from is application			Check the box if NO SSN					
DO NOT COMPLETE. SCHOOL USE ON	SCHOOL USE ON	ΓΥ				,				
How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24. Monthly x12	hly ☐ Yearly onth x24. Monthly x12	Total Household Income		s » .	IONAL – CH are required to	OP IIONAL — CHILDREN'S ETHNIC AND RACIAL IDENTITIES  We are required to ask for information about your children's race and ethnicity. This	C AND RACI, n about your	IAL IDENT children's	<b>ITIES</b> race and eth	nicity. This
Total Household Size   Eligibility Status:   Free   Reduced-price	ice	☐ Categorical		Resp	onding to this	information is important and neips to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for	make sure we	ve are fully t affect you	serving our c ır children's e	ommunity. Iligibility for
:: ☐ Homeless ☐ Migrant	☐ Runaway	☐ Error Prone		free	free or reduced-price meals.	e meals.	o docab ( design	,		
Determining Official's Signature:		Date:			Hisp	Hispanic or Latino	Cuminiony (check one):	one): □ Not H	Not Hispanic or Latino	tino
Confirming Official's Signature:		Date:				Race (	Race (check one or more):	more):		
Verifying Official's Signature:		Date:			American India Native Hawaiia	American Indian or Alaskan Native L Native Hawaiian or other Pacific Islander	e 📙 Asian slander	ug.		Black or African American White
		A CHARLE A CHARL SHOULD BE AND ASSESSED.	T S X X T					J	,,,,,,,	