

*****USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES*****

SECTION A. CHILDREN INFORMATION All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander

| LAST NAME, FIRST NAME | SCHOOL (Write "NONE" if not in school) | GRADE | Date of Birth (Optional) | Racial and Ethnic Identities: (Optional) | | MARK "X" If Foster | Mark "X" if No Income | Child's Personal Income | Source of Income (Work)? | Paid How Often? (Circle) | ENTER Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDPIR | ENTER Benefit Case Number |
|-----------------------|---|-------|-----------------------------|--|--------------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|---------------------------|
| | | | | Circle One Ethnic Identity | Circle one or more Racial Identities | | | | | | | |
| ① | | | ggg | N OR H | A W B I P | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | W E T M Y | | |
| ② | | | | N OR H | A W B I P | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | W E T M Y | | |
| ③ | | | | N OR H | A W B I P | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | W E T M Y | | |
| ④ | | | | N OR H | A W B I P | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | W E T M Y | | |
| ⑤ | | | | N OR H | A W B I P | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | W E T M Y | | |

If the child you are applying for is Homeless, Migrant, or Runaway, Households submitting an application with a Benefit Case Number for CalFresh/CalWORKS for EACH child or an Adult household member, please skip to Section C and complete. A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

| Adult's Full Name (Do not repeat names from Section A) | MARK "X" if No Income | Gross Earnings from Work Before Deductions, Include All | Paid How Often? | Indicate Pay from Pensions, Retirement, Social Security, VA | Income Source? | Paid How Often? | Welfare Benefits, Child Support, Alimony Payments | Income Source? | Paid How Often? | Any Other Income, Including Temporary Income | Income Source? | Paid How Often? | Enter Benefit Type: CalFresh, CalWORKS, Kin- | Enter Benefit |
|---|--------------------------|---|-----------------|---|----------------|-----------------|---|----------------|-----------------|--|----------------|-----------------|--|---------------|
| | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |
| ① | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |
| ② | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |
| ③ | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |
| ④ | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |
| ⑤ | <input type="checkbox"/> | \$ | | \$ | | | \$ | | | \$ | | | | |

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE: Education Code 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. I certify (promise) that all of the above information 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 at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State

Printed name of adult household member completing this form _____ Signature of adult household member completing this form _____ Date _____ Last 4 digits of Social Security Number (SSN) _____ I do not have a SSN. Federal Information Statement on letter to

Street Address, Apt #, etc. _____ City _____ State _____ Zip _____ Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

DO NOT Write Below This Line-For School Use Only:

Application Approved: HSLD Size: _____ HSLD Annual Income: \$ _____ Determining Official's Signature & Date _____

Free based on: CalFRESH CalWORKS KinGap FDPIR Direct Certification Direct Certified as: H M R Household Income Zero Income Foster Child Only

Denied based on: Income Too High Incomplete Reduced based on: Household Income

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Confirming Official's Signature & Date _____ Verification Official's Signature & Date _____