

Encinitas Union School District

2017 - 2018 Application for Free and Reduced Price Meals - Complete one application per household.

Please print and use a pen (not a pencil). You may also apply online at <https://schoolmealapp.com>. This institution is an equal opportunity provider.

STEP 1 — All Children in the Household						Foster	Homeless	Migrant	Runaway	Head Start
School Name	Last Name	First Name	MI	Date of Birth	Grade					
						<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWORKs, or FDPIR? **Circle one:** Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number then skip to STEP 4.

Case Number:

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly																		
	Earnings from Work	How Often?				Public Assistance / Child Support / Alimony	How Often?				Pensions / Retirement / All Other Income	How Often?							
		W	E	T	M		W	E	T	M		W	E	T	M				

Total Household Size (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member *** - ** -

Check if no SSN

STEP 4 — Contact Information and Adult Signature

"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." 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):


Hispanic or Latino

Not Hispanic or Latino

Race (check one or more):

American Indian or Alaskan Native Black or African American

Asian Native Hawaiian or Other Pacific Islander White



DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Multiple income preferences must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provide by the household income. If converting income to annual, round only the final number. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Size: _____ Categorical _____ Date Received: _____ Date Withdrawn: _____ Reviewing Official's Signature: x _____ Date: _____

Total Income: _____ Per _____ Week _____ Every 2 weeks _____ Monthly _____ Annually _____ Confirming Official's Signature: x _____ Date: _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____ Follow-up Official's Signature: x _____ Date: _____