

WHEATLAND SCHOOL DISTRICT/VIRGINIA SCHOOL

FREE and REDUCED LUNCH APPLICATION INSTRUCTIONS

MEAL APPLICATIONS MUST BE RENEWED AT THE BEGINNING OF NEW SCHOOL YEAR

This application requires the last **4 digits of head of household/adult Social Security number**. If there is none, write **NONE** in space provided. This application requires a parent/guardian signature, and the gross **MONTHLY** income. **THIS APPLICATION WILL NOT BE PROCESSED** without all required information and signatures.

ONE APPLICATION PER FAMILY – must be updated at the beginning of school each year

*Household means a group of related or nonrelated individuals who are living as one economic unit.
CFR 245.2

- **PARENTS ARE RESPONSIBLE TO PAY FOR MEALS UNTIL THE APPLICATION IS APPROVED.**
- **Free/Reduced meals are NOT retroactive. Please fill out meal applications ASAP.**
- **YOU WILL RECEIVE A LETTER IN THE MAIL TO NOTIFY YOU WHEN YOUR APPLICATION IS PROCESSED.**

To help you fill out this application remember:

Section A: List **ALL** children in your household whether or not they attend school. Fill in child's date of birth. If they attend school, write in the school name OR write "none" if not in school. Next column: Indicate YES OR NO if the child receives CAL FRESH, CALWORKS, KIN-GAP, or FDPRI BENEFITS. Circle the type of benefit received (above). If you do not enter a CalFresh, CAIWORKS, Kin-Cap, or FDPRI case number for each student (or an adult household member) listed on the Application, the application CAN NOT be processed. You must complete Section B. Next, indicate whether or not they are a Foster Child and their earned income with frequency, or write **NONE** if no income.

Section B: List **ALL** adults living within this residence and the amount of **MONTHLY** gross income, and "other" type of income (next 3 columns). Adults living at the residence do not have to be related. If some adults have no monthly income put a zero in the earnings column or an X in the "No Income" column.

IF YOU LIVE ON BEALE AIR FORCE BASE-DO NOT INCLUDE YOUR BASE HOUSING ALLOWANCE IN YOUR INCOME!

Section C: The adult household member **signature and the last 4 digits of the social security number (if you don't have a social security number write NONE in the space provided)** of the adult within the household filling out this application **MUST** be on the application for us to process it. The Federal Government requires the adult signature and the last 4 digits of the social security number before we process the application.