

| WHEATLAND SCHOOL DISTRICT | | | FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION | | | | | |
|--|---------------|--|--|---|--------------------------|--|-------------------------|-----------------------------|
| APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2016-2017 COMPLETE ONE APPLICATION PER HOUSEHOLD AND RETURN TO SCHOOL SITE SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION | | | HOUSEHOLD SIZE: | | HOUSEHOLD INCOME: \$ | | | |
| | | | FREE: | | REDUCED: | DENIED: | | |
| | | | SCHOOL YEAR: | | | FREE with: CalFresh / CalWORKs / Kin-GAP / FDPIR | | |
| | | | | | | Direct Certified as: | | EP <input type="checkbox"/> |
| | | | DETERMINING OFFICIAL: | | DATE: | | 2 nd Review: | |
| SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION | | | VERIFICATION OFFICIAL: | DATE: | Follow-up: | | | |
| STUDENT / CHILD INFORMATION **List <u>all</u> children under the age of 18 living with you. | | | (Circle One) CALFRESH, CALWORKS, KIN-GAP, OR FDPIR BENEFITS | | FOSTER CHILD | FOR SCHOOL USE ONLY | | |
| LAST NAME, FIRST NAME | DATE OF BIRTH | SCHOOL NAME (WRITE "NONE" IF NOT APPLICABLE) | YES/NO | IF YES, ENTER CASE NUMBER BELOW: (*REQUIRED) | YES/NO | ENTER FOSTER CHILD'S MONTHLY PERSONAL-USE INCOME | | |
| STUDENT ID | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| If you entered a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number for each child in Section A, or if this application is for a foster child and you entered his/her monthly personal-use income, skip Section B and complete Section C. | | | | | | | | |
| SECTION B. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY) | | | | | | | | |
| (1) List <u>all</u> adult household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) Enter any income received last month <i>by/for a child</i> from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount. IF YOU LIVE ON BEALE AIR FORCE BASE- DO NOT INCLUDE YOUR BASE HOUSING ALLOWANCE | | | | | | | | |
| LIST ALL ADULTS IN HOUSEHOLD LAST NAME, FIRST NAME | | GROSS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS | PENSION, RETIREMENT, SOCIAL SECURITY | WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS | ANY OTHER MONTHLY INCOME | FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 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 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. | | | | | | | | |
| Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's CalFresh, CalWORKs, Kin-GAP, or FDPIR case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a Social Security number is not mandatory, but the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members. | | | | | | | | |
| SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION | | | | | | | | |
| <i>I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</i> | | | | | | | | |
| SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM | | | | TELEPHONE NUMBER | | DATE | | |
| X | | | | | | | | |
| PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION | | | | (LAST 4 DIGITS ONLY) SOCIAL SECURITY NUMBER WRITE "NONE" IF YOU DON'T HAVE ONE | | | | |
| ADDRESS | | | | EMAIL ADDRESS: | | | | |
| CITY | | | STATE | | ZIP CODE | | | |