

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."

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in foster care, Head Start, or Kin-GAP and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Table with columns: Child's First Name, MI, Child's Last Name, Student? (Yes/No), Foster Child, Homeless/Migrant/Runaway/Head Start, Kin-GAP Case Number. Includes a vertical label 'Check all that apply'.

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3). If NO > Complete STEP 3. Programs: CalFresh, CalWORKs, FDIPIR. Case Number: []

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income: Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself): List all household members not listed in STEP 1 (including yourself) even if they do not receive income. Includes tables for income sources and frequency.

STEP 4 Contact Information and Adult Signature

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 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."

Street Address (if available), Apt#, City, State, Zip, Daytime Phone and/or E-mail (optional), Printed Name of Adult Completing this Form, Signature of Adult Completing this Form, Today's Date

OPTIONAL Children's Racial and Ethnic Identities The USDA and the CDE are equal opportunity providers and employers.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): [] Hispanic or Latino [] Not Hispanic or Latino | Race (check one or more): [] Asian [] American Indian or Alaska Native [] Black or African American [] Native Hawaiian or other Pacific Islander [] White

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Approved as: [] Free [] Reduced-Price [] Denied Reason: [] Homeless [] Migrant [] Runaway. Verified as: [] Head Start [] Kin-GAP. Total Household Members (From STEP 1 and STEP 3), Total Household Income, Annual Income Conversion.

Determining Official, Date, Confirming Official, Date, Verifying Official, Date