

**2019-2020 APPLICATION FOR FREE AND REDUCED PRICE MEALS**

Complete only **ONE** application per Household. A **“Household Member”** is anyone who is living with you and shares income and expenses, even if not related. Return this completed application to your child’s school or the PCS District Office. **California EC 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.”**

**SECTION A:** List all **Household Members** who are infants, children and students through Grade 12. **OPTIONAL:** Parent or guardian consent to information-sharing for CalFresh benefits- Pursuant to California Education Code 49558(d)

Foster	Homeless, Migrant, Runaway, Head Start	<b>Total Adults and Children in Household:</b> _____				Date of Birth	Child’s Income if Any	Upon Consent, this application or the information it contains, will <b>only</b> be shared with your local CalFresh agency and <b>only</b> for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student’s parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child’s eligibility for the free and reduced-priced meal program.
		Last Name	First Name	School	Grade			

Check all that Apply											
<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> Check this box if you are the parent or guardian of every student listed in section A to consent to sharing this application as stated above. Print and sign parent name and enter today’s date			
<input type="checkbox"/>	<input type="checkbox"/>							Student Name	Parent Name – Print	Parent Name – Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										

**SECTION E:** Children’s Racial and Ethnic Identities (Optional):

**SECTION B:** Do any **Household Members** (including you) receive CalFresh (food stamps), CalWORKS, Kin-GAP or FDPIR? If **YES**, write the Case # in the space below:

1. Mark one or more racial identities:  
 American Indian or Alaska Native     Black or African American     Asian  
 Native Hawaiian or Other Pacific Islander     White

2. Mark one ethnic identity:  
 Of Hispanic or Latino Origin     Not of Hispanic or Latino Origin

**SECTION C:** Report Income for **ALL** Adult Household Members. Do not complete this section if a CalFresh/CalWORKS/Kin-GAP/FDPIR case number is provided in Section B.

List **ALL** Adult **Household Members** and indicate the monthly amount and source of the **GROSS MONTHLY INCOME** each household member received last month. Include adults with zero (\$0) income. If you enter \$0 income or leave any fields blank, you are certifying that there is no income to report.

LAST NAME	FIRST NAME	MONTHLY GROSS Earnings from Work (Include all Jobs)	MONTHLY Pension, Retirement, Social Security	MONTHLY Welfare Benefits, Child Support, Alimony	Any Other MONTHLY Income

**SECTION D:** Signature (REQUIRED) and Contact Information:

*“I certify that all of the information provided 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, and that school officials may verify 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.”*

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX – XX - _____ <input type="checkbox"/> I do not have a Social Security Number	DATE	TELEPHONE
PRINT NAME OF ADULT SIGNING THIS APPLICATION	MAILING ADDRESS	CITY	ZIP

\*You or your children do not have to be U.S. citizens to qualify for free or reduced-priced meals.