

FREE-REDUCED MEAL APPLICATION INSTRUCTIONS - 2019/2020

- Use black or blue ink. Print clearly.
- A new application needs to be completed every school year even if there are no changes.
- Complete one application per household.** It is important to get this application filled out and turned in as soon as possible to ensure your child is receiving meal benefits that they may qualify for

SECTION A - Children 18 and younger living in the household

- a. Complete one line for each child in the household, even if they are not in school.
- b. If the child is a foster child, please check the foster box next to the child's name. If you are **only** applying for foster children complete section A and then continue to section D.
- c. Write the amount of personal income received in the child income column. Write zero (0) if there is none.
- d. Please check the box if child is homeless, migrant, runaway or head start.
- e. In space provided, please write total number of household members (adults and Children.)

SECTION B - Any household member who currently participates in one of the assistance program

- a. If CalFresh, CalWORKs, Kin-GAP or FDPIR benefits are received you **MUST** include the **case number**.
- b. Your children are eligible for free meals if ANY household member (child or adult) participates in one of the assistance programs listed above.
- c. If you have listed a case number in this section skip section C and go to section D.

SECTION C - Adult Household members

- a. List ALL other members in the household and their GROSS (before taxes) MONTHLY income from all their jobs.
- b. If income received is other than monthly state how often income is received; weekly, bi-weekly, twice a month or yearly.
- c. Record under the appropriate column, any other monthly incomes that are received for each household member.

SECTION D - Required on all applications

- a. You must sign your name
- b. You must include the last four digits of your social security number OR check box for "I do not have a Social Security Number" if you don't have one.
- c. Write today's date.
- d. Provide your address and contact phone number.

SECTION E

- a. Racial and ethnic data is optional.

OPTIONAL SECTION (Top right of application)

- a. Consent to share information with CalFresh. Please read and follow these directions on the application to decide if you would like to receive further information.

INFORMATION STATEMENT

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

NON-DISCRIMINATION STATEMENT

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Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights ; 1400 Independence Avenue, SW ; Washington, D.C. 20250-9410
Fax: (202) 690-7442 (3) email: program.intake@usda.gov

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