

**GALT JOINT UNION HIGH SCHOOL DISTRICT &
NEW HOPE SCHOOL DISTRICT**
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
FOR SCHOOL YEAR 2011-2012**

COMPLETE AND RETURN THIS APPLICATION
TO THE SCHOOL.

**PLEASE COMPLETE ONE APPLICATION PER
FAMILY/HOUSEHOLD INCLUDING FOSTER CHILD(REN)**
SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION			
Household Size:		Household Income: \$	
FREE:	REDUCED:	DENIED:	
YEAR RND TRACK:		FREE with: CalFresh, CalWORKs, Kin-GAP, FDPIR	
TEMPORARY FREE UNTIL: (45 calendar days from date of determination)		Direct Certified as: H M R EP <input type="checkbox"/>	
DETERMINING OFFICIAL:		DATE:	2 nd Review:
VERIFICATION OFFICIAL:		DATE:	Follow-up:

STUDENT / CHILD INFORMATION for <u>all</u> children in the household			CalFresh CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILDREN		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	SCHOOL NAME IF ANY	YES/ NO	IF YES, ENTER CASE NUMBER BELOW:	YES/ NO	IF YES, ENTER CHILD'S MONTHLY PERSONAL-USE INCOME	STUDENT ID
1.							
2.							
3.							
4.							
5.							

If you entered a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number for **any** child in Section A, or if this application is for a Foster Child only 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 all **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 **by/for a child** 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.

FULL NAME	GROSS 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.					
5.					

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: This explains how we will use the information you give us. The Richard B. Russell National Scholl Lunch Act requires the information on this application. You do not have to give the information, but if you do not, 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 last four digits of the social security number are not required when you apply on behalf of a foster child or you list a CalFresh, 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 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. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violation of program rules.

SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

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.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION		SIGNER'S SOCIAL SECURITY NUMBER (SSN) <u>LAST 4 DIGITS ONLY</u> (WRITE "NONE" IF YOU DO NOT HAVE A SSN).	
ADDRESS			
CITY		STATE	ZIP CODE

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)

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

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