

Application for Free and Reduced-Price Meals for 2019-2020

Return completed application directly to:
 CUSD Nutrition Services
 2455 Carmichael Drive
 Chico, CA 95928

Complete ONE Application per Household

******FILL OUT BOTH SIDES OF FORM******

QUESTIONS? CALL 891-3000 x20702

Part 1. LIST ALL CHILDREN AND STUDENTS IN HOUSEHOLD. CHECK APPLICABLE BOX AND LIST CASE NUMBER IF THEY RECEIVE BENEFITS FROM ANY OF THE ASSISTANCE PROGRAMS LISTED. ALSO LIST ANY ADULT WHO RECEIVES ASSISTANCE BENEFITS AND THE CASE NUMBER

Full Name of ALL Children (Last name, First name) Include those who are not in school.	Name of child's school or N/A	"X" IF ADULT	If any member of your household receives CalFresh (food stamps), CalWORKs, (California Work Opportunity and Responsibility to Kids), or FDPIR (Food Distribution Program on Indian Reservations) benefits, provide case number below and skip to Part 3 (Do not provide Medi-Cal information). If no one receives these benefits, skip to Part 2.	Case # (Not EBT card #)	Is this a Foster Child? If YES, mark "X"	If "Yes" Enter Foster Child's monthly use income
			Check benefit box. Enter Case # in next column			
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR			
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR			
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR			
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR			
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR			

Part 2. INCOME SECTION: LIST ALL ADULT HOUSEHOLD MEMBERS AND ALL HOUSEHOLD GROSS INCOME FOR LAST MONTH (BEFORE DEDUCTIONS), INCLUDING ANY INCOME RECEIVED BY OR FOR A CHILD. MARK "X" IN THE COLUMN FOR HOW OFTEN IT IS RECEIVED.

Full name of ALL ADULT household members, regardless of whether or not they have income. Also list any income that is received by or for a child, including employment income, SSI, child support, and Adoption Assistance payments.	IF NO INCOME, "X" BOX Any income field left blank is a positive indication that there is no income to report.																				
	GROSS EARNINGS (from all jobs before deductions) PER PAY PERIOD	"X" IF NO INCOME	Weekly	Every Two Weeks	Twice Monthly	Monthly	Child Support, Alimony	Weekly	Every Two Weeks	Twice Monthly	Monthly	Supplemental Security Income (SSI), Social Security, Pension, Retirement, Veteran or Disability Benefits	Weekly	Every Two Weeks	Twice Monthly	Monthly	All other income (such as Unemployment Benefits, Adopt Assist, etc.)	Weekly	Every Two Weeks	Twice Monthly	Monthly
\$						\$						\$					\$				
\$						\$						\$					\$				
\$						\$						\$					\$				
\$						\$						\$					\$				
\$						\$						\$					\$				

TOTAL NUMBER OF HOUSEHOLD MEMBERS (Children + Adults) _____ **PART 3. CONTINUED ON OTHER SIDE**

Does this number equal the number of names listed above?

PART 3. AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION. IF PART 2 IS COMPLETED, (INCOME SECTION) THE ADULT SIGNING THE FORM ALSO MUST LIST THE LAST FOUR DIGITS OF HIS OR HER SOCIAL SECURITY NUMBER OR MARK THE "I DO NOT HAVE A SOCIAL SECURITY NUMBER" BOX (SEE STATEMENT BELOW). INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

PRINTED NAME OF ADULT:		SIGNATURE OF ADULT (Required)		DATE:
MAILING ADDRESS:		Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member LAST 4- DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX- _____		Check the box if you DO NOT have a SSA# <input type="checkbox"/>

CITY:	STATE:	ZIP:	PHONE NUMBER:	EMAIL ADDRESS:
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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, tickets, or serving lines; separate entrances or dining areas; or by any other means.

Part 4. CHILDREN'S ETHNIC AND RACIAL IDENTITY (OPTIONAL)

- 1.) Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander
- 2.) Mark one ethnic identity : Hispanic or Latino Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, 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; list a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

*******DO NOT COMPLETE THE INFORMATION BELOW. FOR OFFICE USE ONLY*******

Household size: _____ Household Total Income: _____ Per: Week Every Two Weeks Twice A Month Month Year

Application Approved as Reduced-priced Application Denied based on:

FREE based on: Household Income CalFresh CalWORKs FDPIR Zero Income

Income too high Application Incomplete EP Selected for Income Verification

Determining Official's Signature: _____ Date: _____ Da

Follow-Up Signature: _____ Date: _____

Verification Official's Signature: _____ Date: _____

- Directly Certified as: Homeless Migrant Runaway Head Start Foster Child