

SAN MARINO UNIFIED SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2011-2012

COMPLETE AND RETURN THIS APPLICATION
TO THE SCHOOL

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION			
HSHLD SIZE:		HSHLD INCOME: \$	
FREE:	REDUCED:	DENIED:	
YEAR RND TRACK:		FREE with: FS / CalWORKs / Kin-GAP / FDIPIR	
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			FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDIPIR BENEFITS		FOSTER CHILD		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	SCHOOL NAME	YES/ NO	IF YES, ENTER CASE NUMBER BELOW:	YES/ NO	IF YES, COMPLETE ONE APPLICATION PER FOSTER CHILD. ENTER CHILD'S MONTHLY PERSONAL-USE INCOME	STUDENT ID
1.							
2.							
3.							
4.							
5.							

If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number for **each** child in Section A, or if this application is for a Foster Child 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: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

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		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
ADDRESS			
CITY		STATE	ZIP CODE

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

1. Mark one or more racial identities:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Mark one ethnic identity:	<input type="checkbox"/> Of Hispanic or Latino Origin	<input type="checkbox"/> Not of Hispanic or Latino Origin			

This Institution is an Equal Opportunity Provider.