APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2007-08

SECTION A: CHILDREN'S INFORMATION: Write the names of all the children in your household whether or not they attend school. Indicate if the children receive Food Stamps, CalWORKs, Kin-GAP, or FDPIR benefits.

Last Name	First Name	Food Stamp, CalWORKs, Kin-GAP, or FDPIR Case Number	List Income Received By the Child, (If Any)	Current School (Write "N/A" If Not in School)	Grade	FOR SCHOOL USE ONLY Student ID Number

FOR SCHOOL USE ONLY
ELIGIBILITY DETERMINATION

HOUSEHOLD SIZE:

HOUSEHOLD INCOME:

DETERMINING OFFICIAL: DATE:

Direct Certified as: H M R | YEAR ROUND TRACK:

☐ FREE ☐ REDUCED ☐ DENIED

Categorically FREE Eligible from (circle):
Food Stamps CalWORKs Kin-GAP FDPIR

ZERO INCOME – TEMPORARY FREE UNTIL:
(45 calendar days from date of this determination)

2nd Review: EP ☐

Verification Official: Follow-up:

FOSTER CHILD INFORMATION: If this application is for a foster child, write the child's name and personal-use income, and sign and date the application.

LAST NAME	FIRST NAME	SCHOOL	PERSONAL-USE INCOME
			$

SECTION B: List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more-or-less than usual, enter the usual monthly income. Also enter any income received by a child or for a child from full-time or regular part-time employment, Social Security, or Adoption Assistance

Full Name	Gross Monthly 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

SECTION C: *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 in connection with 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.*

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 Pacific Islander ☐ White

2) Mark one ethnic identity: ☐ Of Hispanic or Latino origin ☐ Not of Hispanic or Latino origin

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)
MAILING ADDRESS		
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD