

ETIWANDA SCHOOL DISTRICT

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
OR FREE MILK FOR SCHOOL YEAR 2006-2007**

Please complete the application on the reverse side, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits
- The names and income of all other household members
- The signature of the child's or children's parent or guardian
- The Social Security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.

**ALL HOUSEHOLDS: READ THIS SECTION**

**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, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) 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.**

In accordance with federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

# APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2006-2007

**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 FDIPIR benefits.

Last Name	First Name	Food Stamp, CalWORKs, Kin-GAP, or FDIPIR 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    FDIPIR

**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 \$ _____
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**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	