

LOS ALTOS SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2018-2019

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:	2nd 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, LIST ANY SALARY, WAGES, CHILD SSI 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): (1) Applications for free and reduced price meals may be submitted at any time during a school day. (2) 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. A school district and the county superintendent of schools shall use all other applications it has for free or reduced price meals before utilizing the applications pursuant to this subdivision. (b) The governing board of each school district and each county superintendent of schools shall formulate a plan, which shall be mailed to the State Department of Education for its approval, that will ensure that children eligible to receive free or reduced priced meals and milk shall not be treated differently from other children. These plans shall ensure each of the following: (1) Unless otherwise specified, the names of the children shall not be published, posted, or announced in any manner, or used for any other purpose other than the National School Lunch Program. (2) There shall be no overt identification of any of the children by the use of special tokens or tickets or by any other means. (3) The children shall not be required to work for their meals or milk. (4) The children shall not be required to use a separate dining area, go through a separate serving line, enter the dining area through a separate entrance, or consume their meals or milk at a different time. (c) When more than one lunch or breakfast or type of milk is offered pursuant to this article, the children shall have the same choice of meals or milk that is available to those children who pay the full price for their meal or milk.

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School 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 is not required when you apply on behalf of a foster child or if you list a CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household 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 violations 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		LAST 4 DIGITS OF SOCIAL SECURITY #: <input type="text"/> DO NOT HAVE A SOCIAL SECURITY # <input type="checkbox"/>	
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				

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