School Year 2017-2018 Berryessa Union School District Household Application for Free and Reduced-Price Meals **Complete one application per household.**

Refer to back of Application for instructions on how to apply. Print clearly with pen. **This institution is an equal opportunity provider.**

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 federal 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.

STEP 1 – STUDENT INFORMATION - Children in **Foster Care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals.

Child's First Name, Middle Initial, Last Name	School Name	Birth Date	Foster Child	Homeless, Migrant, Runaway	OFFICE USE ONLY (STUDENT ID #)
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

Check all that apply

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? **If NO**, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	**Select Program Type:** ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**	**Enter Case Number:**

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** Income (before deductions) in whole dollars earned by all students listed in STEP 1.

Child income ☐☐☐☐ Weekly ☐ 2x Week ☐ 2x Month ☐ Monthly ☐

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Name of Adult Household Members (First and Last)	Earnings from Work	How Often? W	2W	2M	M	Public Assistance/SSI/ Child Support/Alimony	How Often? W	2W	2M	M	Pension/ Retirement All Other Income	How Often? W	2W	2M	M
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐

STEP 4 – SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION

Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member: ____ ____ ____ ____

Check the box if NO SSN ☐

Signature of adult completing this form:		**Today's Date:**	
Print Name:	**Phone #:**	**E-mail:**	
Address:	**City:**	**State:**	**Zip Code:**

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

DO NOT COMPLETE -- FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12

Total Household Size	**Total Household Income** $

How Often?	**Weekly**	**Bi- Weekly**	**Twice a Month**	**Monthly**	**Yearly**
	☐	☐	☐	☐	☐

Eligibility Status:

☐ **Free** ☐ **Reduced-price** ☐ **Paid (Denied)**

☐ **Categorical**

Verified as: ☐ **Homeless** ☐ **Migrant** ☐ **Runaway**

☐ **Error Prone**	**Application #**

Determining Official's Signature:	**Date:**
Confirming Official's Signature:	**Date:**
Verifying Official's Signature:	**Date:**