

NEW STUDENTS or NEW APPLICANTS: Check here if your student did not receive free/reduced meals last June in this district (to speed approval time)
ORCUTT UNION SCHOOL DISTRICT

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 FOR SCHOOL YEAR 2010 – 2011**

Please complete, sign and return this application to the school.

★ ONLY ONE APPLICATION PER HOUSEHOLD

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION		
HSHLD SIZE:	HSHLD INCOME: \$	
FREE:	REDUCED:	DENIED:
FREE with: FS / CalWORKs / Kin-GAP / FDIPIR		Direct Certified as: H M R
DETERMINING OFFICIAL:	DATE:	
TEMPORARY FREE UNTIL:	2 nd Review:	
VERIFICATION OFFICIAL:	DATE:	Follow-up:

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION Please list ALL students that are school aged <u>AND</u> any other children in household.				FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDIPIR BENEFITS		FOSTER CHILD IF YES, COMPLETE ONE APPLICATION PER FOSTER CHILD.	
LAST NAME	FIRST NAME	SCHOOL NAME	GRADE OR N/A	YES/NO	IF YES, WRITE CASE NUMBER -REQUIRED-	YES/NO	CHILD'S INCOME
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 INCOME (IF ANY)

(1) List **ALL adult household members**, regardless of income. (2) Indicate amount(s) and source(s) of **GROSS 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. **State whether you get paid weekly, bi-weekly, twice a month or monthly.**

FULL NAME	GROSS INCOME EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY, DISABILITY OR UNEMPLOYMENT PAYMENTS	ANY OTHER 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		TOTAL NUMBER OF PEOPLE IN HOME	
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			