

Anderson Union High School District

APPLICATION FOR FREE AND REDUCED-PRICED MEALS OR FREE MILK SCHOOL YEAR 2009 – 2010

One application per household and ONE for each foster child

SECTION A. CHILDREN IN SCHOOL: Complete this section by providing information for all of the children in your household.

STUDENT/CHILDREN INFORMATION — Foster Child Must Have Separate Application

Student/Child Last Name	Student/Child First Name	School Name Write "none" if not in school	Grade	Write case Number	Write the Benefit type: ◦ Food Stamp ◦ CalWORKs ◦ Kin-GAP ◦ FDPIR	Student/Child Personal-use Income Example: \$100.20 weekly \$150.15 monthly, or \$800.32 annually	OFFICE USE
1 ▶						\$	
2 ▶						\$	
3 ▶						\$	
4 ▶						\$	
5 ▶						\$	

- If the child you are applying for is a Foster Child who is the legal responsibility of a welfare agency or court, check this box , write child's personal-use income above, sign form in section C.
- If the child you are applying for is homeless, migrant, or a runaway, check appropriate box: Homeless Migrant Runaway and contact the school.

SECTION B. HOUSEHOLD MEMBERS AND INCOME:

If in Section A above, you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered personal-use income, **go to Section C, complete and sign, you do not complete Section B.**

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

Adult's Full Name List EVERYONE in Household Do not repeat the student/Children listed above	Gross Income - You must tell us how much and how often received. Income Example: \$100.40 weekly, \$1,265.20 monthly, or \$24,166.15 annually					OFFICE USE
	Mark X in box, if no income	Gross Earnings From Work Before Deductions, Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child support, Alimony	All other Income	
	<input type="checkbox"/>	\$	\$	\$	\$	
	<input type="checkbox"/>	\$	\$	\$	\$	
	<input type="checkbox"/>	\$	\$	\$	\$	
	<input type="checkbox"/>	\$	\$	\$	\$	

← ENTER TOTAL HOUSEHOLD MEMBERS (The number you enter must equal the number of names in Section A and Section B)

SECTION C. I certify (promise) 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 at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws. **PRIVACY ACT** (Anderson Union High School District)

Signature Of Adult Household Member Completing This Form	Date	Social Security Number (SSN) Of Adult Signing Form	<input type="checkbox"/> I do not have a SSN
Printed Name Of Adult Household Member Completing This Form	Telephone Number		
Mailing Address	City	Zip Code	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Choose one or more racial identities (regardless of ethnicity): <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Native Hawaiian or other Pacific Islander	2. Chose one ethnic identity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino
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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.

OFFICE USE ONLY - ELIGIBILITY DETERMINATION			
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits	Direct Certified as: H M R	EP <input type="checkbox"/>	YR Track:
Zero Income, Temporarily Free. Expiration Date _____ (expires 45 days from this date)	HLSD Size:	HSLD Annual Income:\$	
Determining Official's Signature: _____ Date: _____	2 nd Review Official's Signature: _____ Date: _____	Verification Follow-Up Official's Signature: _____	Date: _____
To annualize income: Multiply weekly x 52; Every two weeks x 26; or twice monthly x 24; monthly x 12. Do not round result. Compare this result to the income eligibility guidelines.			