INSTRUCTIONS FOR APPLYING for the National School Lunch Program. (NOTE: A household member is any child or adult living with you.)

IF YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: List the name of each child living in the household and the child’s school (if known).
Part 2: List the case number for any household member (including adults) receiving CalFresh, CalWORKS, FDPIR, or KIN-GAP benefits.
Part 3: Skip this part.
Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 5: Answer this question if you choose.

Submit the form to Maria Tavares at ESUHSD.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:

Part 1: List the name of each child living in the household and the child’s school (if known). If any child you are applying for is homeless, migrant, in Head Start, a foster child, or a runaway check the appropriate box.
Part 2: Skip this part.
Part 3: Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you did not complete Part 3.
Part 5: Answer this question if you choose.

Submit the form to Maria Tavares at ESUHSD.

IF YOU ARE APPLYING ON BEHALF OF A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:
Part 1: List all foster children and the school name for each child. Check the box to indicate each foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 5: Answer this question if you choose.

If some of the children in the household are foster children:
Part 1: List the name of each child living in the household and the child’s school (if known). Check the box to indicate each foster child. If any child you are applying for is homeless, migrant, in Head Start, or a runaway check the appropriate box. If you have questions call Maria Tavares at 408 347 5191.
Part 2: Skip this part.
Part 3: Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).
Part 5: Answer this question if you choose.
Submit the form to Maria Tavares at ESUHSD.

All other households, including WIC households, follow these instructions:
Part 1: List the name of each child living in the household and the child’s school (if known). For any person receiving income, including children, you must check the “No Income” box. If any child you are applying for is homeless, migrant, Head Start, a foster child, or a runaway check the appropriate box.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income.
• Name: List all adult household members.
• Gross income and how often it is received: For each household member with income, list gross amount received. You must tell us how often the gross amount is received—weekly, every other week, twice a month, or monthly.
  ○ Earnings from work before deductions: Be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you.
  ○ Income received from child support, alimony, or cash aid: List the amount each person received.
  ○ Income received from Social Security, Supplemental Security Income, veteran’s benefits, retirement benefits, or disability benefits: List the amount each person received.
  ○ All other income: List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, federal education, and foster payments received by the family from the placing agency. For self-employed persons only, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).
Part 5: Answer this question if you choose.
Submit the form to Maria Tavares at ESUHSD.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, 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 are not required when you apply on behalf of a foster child; list a CalFresh, CalWORKS, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact the USDA through the federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

The USDA and the CDE are equal opportunity providers and employers.
**EAST SIDE UHSD APPLICATION FOR FREE AND REDUCED PRICE MEALS—2015/2016**

PLEASE USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES

(Complete ONE Application per Household)

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**PART 1**

**ALL CHILDREN HOUSEHOLD MEMBERS.** List the names of ALL children living in the household.

| Full Name (First, Middle Initial, Last) | Name of Each Child’s School (indicate “N/A” if not in school) | Student ID number | Mark “X” below if child is a foster child, Homeless, migrant, runaway or Head Start child | No Income | Part 5 | Sex |
|----------------------------------------|-------------------------------------------------------------|-------------------|-----------------------------------------------|-----------|
|                                        |                                                             |                   | Foster | Homeless | Migrant | Runaway | Head Start |
|                                        |                                                             |                   |        |          |         |         |             |
|                                        |                                                             |                   |        |          |         |         |             |
|                                        |                                                             |                   |        |          |         |         |             |
|                                        |                                                             |                   |        |          |         |         |             |

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**PART 2**

**BENEFITS**

If any member of your household receives CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance Payment (Kin-GAP) program benefits, provide their name and case number below and skip to Part 3. If no one receives these benefits, skip to Part 3.

<table>
<thead>
<tr>
<th>Name of household member receiving benefits</th>
<th>Check all that apply</th>
<th>Enter benefit case number (NOT EBT CARD NUMBER)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CalFresh</td>
<td>CalWORKs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**PART 3**

**TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)**

List all income on the same line as the person who receives it. Mark “X” in the column for how often it is received. Record each income only once.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Gross Earnings (Before Deductions) Enter “0” if none</th>
<th>SSI, Pensions, Social Security, VA or disability benefits</th>
<th>Cash Aid, Child Support, Alimony Payments, Adoption Assistance</th>
<th>Any Other Income (such as unemployment benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Every 2 weeks</td>
<td>Twice Monthly</td>
<td>Twice Monthly</td>
<td>Twice Monthly</td>
</tr>
<tr>
<td></td>
<td>Twice Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**PART 4**

**SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (MUST BE SIGNED BY AN ADULT)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Statement on the back of this page.)

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, tickets, or serving lines; separate entrances or dining areas; or by any other means.

I certify (promise) that all information on this application is true and that I have reported all income. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Printed Name of adult: ____________________________

SIGNATURE of adult: ____________________________ Date: ____________

Address: ____________________________

City: ____________________________ State: ____________________________ ZIP: ____________

Phone Number: ____________________________

Last 4 Digits of Social Security Number: XXX-XX-____

I do not have a Social Security Number ____________________________ E-mail Address: ____________________________

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**DO NOT COMPLETE THE INFORMATION BELOW—IT IS FOR SCHOOL USE ONLY**

**Application Approved:**

- [ ] Free Based on: CalFRESH CalWorks FDPIR KinGap Group Home/ Institution Foster Only
- [ ] Reduced based on Income
- [ ] Denied based on: Income Too High Incomplete Parent Refused

Household Size _________ Households Income $____________ / w / bw / twice m / m / y

Determining Official’s Signature & Date

Confirming Official’s Signature & Date

Verification Official’s Signature & Date

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