2010-2011 Household Application For Meal Benefits

Cajon Valley Union School District

Read Instructions On Back. Use Black Ink. Print Neatly Within Boxes and Avoid Stray Marks. Please Use CAPITAL LETTERS. Complete One Application Per Household Or Per Foster Child.

1 FOSTER CHILD
EACH FOSTER CHILD MUST BE ON A SEPARATE APPLICATION

☐ X here if this application is for a child who is the legal responsibility of a welfare agency or court AND list the child's personal use income and frequency to the right. Write "0" if child does not receive any personal use income.

$ _____ . __ Freq

2 HOMELESS, MIGRANT, RUNAWAY If the child for whom you are applying is homeless (H), migrant (M), or a runaway (R), place an X in the appropriate box and call Janet Middleton at (619) 588-3667.

H ☐ M ☐ R

3 STUDENT INFORMATION: Fill out the student information below for EACH ENROLLED child in the Cajon Valley Union School District (Preschool – 8). If this application is for a Foster Child, list only one foster child here - DO NOT list any other students here with the Foster Child.

Student ID (if available)	First Name (legal)	MI	Last Name	Date of Birth (Optional) M M D D Y Y	School Code	Grade	List Case Number for SNAP, CalWorks, KinGAP, or FDPIR

4 HOUSEHOLD MEMBERS AND INCOME: List all household members that are not students in Cajon Valley Union School District, regardless of whether or not they have income. Indicate the amount and source of income each household member receives. Enter any income received last month by a student for full-time or regular part-time employment, or for SSI or Adoption Assistance payments. LIST TOTAL GROSS INCOME before taxes and deductions. In the "How Often Paid?" box, enter HOW OFTEN INCOME IS RECEIVED (W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly). Check "No Income" box or enter income amount where applicable but do not put "NONE" or "NA".

Print legal first and last name of other adults and children, including suffix (Jr, Sr) if applicable.	No Income	Earnings from Work Before Deductions	How Often Paid?	Welfare Payments, Child Support/Alimony	How Often Paid?	Pay from Pensions, Retirement/ Social Security	How Often Paid?	Any Other Income, Including Temporary Income	How Often Paid?
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5 ☐☐ ENTER THE TOTAL # OF PEOPLE RESIDING IN YOUR HOUSEHOLD (from parts 3 & 4) Make sure box 5 matches total persons listed.

6

MAILING Address _____ Apt # _____

City _____ State ____ Zip _____ ( ) DAYTIME Telephone Number _____ - _____

7 The adult who completed this application must sign and include their Social Security Number (SSN). A SSN is NOT required on Food Stamp, KinGAP, CalWorks, FDPIR, or Foster Child Applications. If you DO NOT have a SSN, place an X in the box.

___ - ___ - _____ X Here if You DO NOT have a SSN ☐

ADULT Social Security Number (Privacy Act on back)

8 CERTIFICATION: 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 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. See Privacy Act.

ADULT SIGNATURE REQUIRED

X _____

FIRST NAME (clearly print) _____

LAST NAME (clearly print) _____

DATE SIGNED M M D D Y Y

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

Date Of Determination M M D D Y Y | Household Size | Total Income . | F | Eligibility Code E | Reviewer

9 Racial Identity (Optional) ☐ Native American or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnic Identity (Optional) ☐ Of Hispanic Origin ☐ Not of Hispanic Origin