

School Year 2018-2019 EVERGREEN SCHOOL DISTRICT Application for Free and Reduced-Price Meals Complete one application per household. California Department of Education May 2016

Read the instructions included with Application on how to apply. Print clearly and use a pen. You may also apply online at WWW.HEARTLANDAPPS.COM 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

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Attach another sheet of paper for additional names if necessary.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter Student's SCHOOL	Enter Student's Birth Date	Check the applicable box if the student is Foster, Homeless, Migrant, or Runaway.				Student ID#
			Foster	Homeless	Migrant	Runaway	
EXAMPLE: Joseph P Adams	Lincoln Elementary	12-15-2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Do ANY household members (including yourself) currently participate in one of the following assistance programs? If **NO**, skip STEP 2 and complete STEP 3.

If YES , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type: <input type="checkbox"/> CalFRESH <input type="checkbox"/> CalWORKS <input type="checkbox"/> FDIPIR	Enter Case Number:
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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. Enter the appropriate pay period in the "How Often" Box: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income	How Often
	\$	

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**

Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Total Household Members (Children and Adults)	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 <input type="checkbox"/>
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DO NOT COMPLETE. OFFICE USE ONLY		
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income	
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:	
Confirming Official's Signature:	Date:	
Verifying Official's Signature:	Date:	

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

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."

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

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):
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):
<input type="checkbox"/> American Indian or Alaskan 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