

Application for Free and Reduced-Price Meals for 2018-2019

Return complete application directly to:

Chico Country Day School

102 W 11th Street

Chico, CA 95928

Complete ONE Application per Household

*****FILL OUT BOTH SIDES OF FORM*****

QUESTIONS? CALL 891-3021 x203

Part 1. LIST ALL CHILDREN AND STUDENTS IN HOUSEHOLD. CHECK APPLICABLE BOX AND LIST CASE NUMBER IF THEY RECEIVE BENEFITS FROM ANY OF THE ASSISTANCE PROGRAMS LISTED. ALSO LIST ANY ADULT WHO RECEIVES ASSISTANCE BENEFITS AND THE CASE NUMBER

Full Name of ALL Children (Last name, First name) Include those who are not in school.	Name of child's school or N/A	"X" IF ADULT	Check benefit box. Enter Case # in next column		Case # (Not EBT card #)	is this a Foster Child? IF YES, mark "X"	If "Yes" Enter Foster Child's monthly use income
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			
			<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKS			

Part 2. INCOME SECTION: LIST ALL ADULT HOUSEHOLD MEMBERS AND ALL HOUSEHOLD GROSS INCOME FOR LAST MONTH (BEFORE DEDUCTIONS), INCLUDING ANY INCOME RECEIVED BY OR FOR A CHILD. MARK "X" IN THE COLUMN FOR HOW OFTEN IT IS RECEIVED.

Full name of ALL ADULT household members, regardless of whether or not they have income. Also list any income that is received by or for a child, including employment income, SSI, child support, and Adoption Assistance payments.	IF NO INCOME, "X" BOX										Any income field left blank is a positive indication that there is no income to report.										
	GROSS EARNINGS (from all jobs before deductions) PER PAY PERIOD	Weekly	Every Two Weeks	Twice Monthly	Monthly	Child Support, Alimony	Weekly	Every Two Weeks	Twice Monthly	Monthly	Supplemental Security Income (SSI), Social Security, Pension, Veteran or Disability Benefits	Weekly	Every Two Weeks	Twice Monthly	Monthly	All other income (such as Unemployment Benefits, Adopt Assist, etc.)	Weekly	Every Two Weeks	Twice Monthly	Monthly	
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

TOTAL NUMBER OF HOUSEHOLD MEMBERS (Children + Adults)

Does this number equal the number of names listed above?

PART 3. CONTINUED ON OTHER SIDE



PART 3. AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION. IF PART 2 IS COMPLETED, (INCOME SECTION) 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 BELOW). INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide. 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. I understand my child's eligibility status may be shared as allowed by law.

PRINTED NAME OF ADULT:		SIGNATURE OF ADULT (Required)		DATE:
MAILING ADDRESS:		Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult: Household Member LAST 4- DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX- _____		Check the box if you DO NOT have a SSA# <input type="checkbox"/>
CITY:	STATE:	PHONE NUMBER:	EMAIL ADDRESS:	

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.

Part 4. CHILDREN'S ETHNIC AND RACIAL IDENTITY (OPTIONAL)

- 1.) Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander
- 2.) Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

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.

*****DO NOT COMPLETE THE INFORMATION BELOW. FOR OFFICE USE ONLY*****

Household size: _____ Household Total Income: _____ Per: Week Every Two Weeks Twice A Month Month Year

Application Approved as FREE based on: Reduced-priced

Application Denied based on:
 Income too high
 Application Incomplete

Household Income
 CalFresh
 CalWORKS
 FDPIR
 Zero Income

Directly Certified as: Homeless Migrant Runaway Head Start Foster Child

Determining Official's Signature: _____ Date: _____
 Follow-Up Signature: _____ Date: _____
 Verification Official's Signature: _____ Date: _____

The USDA and CDE are equal opportunity providers and employers.