

# Application for Free and Reduced-Price Meals for 2020-2021

RETURN COMPLETED APPLICATION 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 891-3000 X20702**

**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) <small>Include those who are not in school.</small>	Name of child's school or N/A	"X" IF ADULT	Check benefit box. Enter Case # in next column												Is this a Foster Child? If YES, mark "Y"	If "Yes" Enter Foster Child's monthly income use
			If any member of your household receives CalFresh (food stamps), CalWORKs (California Work Opportunity and Responsibility to Kids), or FdPIR (Food Distribution Program on Indian Reservations) benefits, provide case number below and skip to Part 3 (Do not provide Medi-Cal information). If no one receives these benefits, skip to Part 2.													
			<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FdPIR <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FdPIR <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FdPIR <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FdPIR <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FdPIR													

**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.  <small>Also list any income that is received by or for a child, including employment income, SSI, child support, and Adoption Assistance payments.</small>	GROSS EARNINGS (from all jobs before deductions) PER PAY PERIOD	IF NO INCOME, "X" BOX    Any income field left blank is a positive indication that there is no income to report.												Child Support, Alimony	Supplemental Security Income (SSI), Social Security, Pension, Retirement, Veteran or Disability Benefits	All other income (such as Unemployment Benefits, Adopt Assist, etc.)			
		"X" IF NO INCOME																	
	\$	Weekly	Every Two Weeks	Twice Monthly	Monthly	Weekly	Every Two Weeks	Twice Monthly	Monthly	Weekly	Every Two Weeks	Twice Monthly	Monthly	\$	Weekly	Every Two Weeks	Twice Monthly	Monthly	\$
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**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: \_\_\_\_\_ ZIP: \_\_\_\_\_ 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, FDP/IR, or Kin-GAP case number or other FDP/IR 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: \_\_\_\_\_ Per:  Week  Every Two Weeks  Twice A Month  Month  Year

Household Total Income: \_\_\_\_\_ EP  Selected for Income Verification

Application Approved as FREE based on:

- Reduced-priced
- Household Income
- CalFresh
- CalWORKs
- FDP/IR
- Zero Income

Application Denied based on:

- Income too high
- Application Incomplete

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Directly Certified as:  Homeless  Migrant  Runaway  Head Start  Foster Child