



**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:	
	ZIP:			

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, FDIPIR, or Kin-GAP case number or other FDIPIR 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
- Household Income
- CalFresh
- CalWORKs
- FDIPIR
- 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

EP  Selected for Income Verification

The USDA and CDE are equal opportunity providers and employers.