

# FOREST RANCH CHARTER SCHOOL - APPLICATION FOR FREE AND REDUCED-PRICE MEALS

**SECTION A. STUDENT INFORMATION:** ALL HOUSEHOLDS COMPLETE THIS SECTION BY PROVIDING INFORMATION FOR ALL OF THE CHILDREN IN YOUR HOUSEHOLD.

STUDENT / CHILD INFORMATION		FOOD STAMP (FS), CalWORKs, Kin-GAP, or FDIPIR BENEFITS		Is This a FOSTER CHILD? (Must Have Separate Application)		FOR SCHOOL USE ONLY	
Last Name	First Name	Current School (N/A if Not In School)	Write "Yes" or "No"	If "Yes," Write the FS, CalWORKs, Kin-GAP, or FDIPIR Case Number	Write "Yes" or "No"	If "Yes," Enter Child's Monthly Personal-Use Income	Student ID Number

**SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number for each child in Section A, or if this application is for a Foster Child and you entered his or her monthly personal-use income, go to the signature block below in Section C.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by a child or for a child from full-time or regular part-time employment, or for a child for SSL or Adoption Assistance payments.

Full Name	Gross Earnings From Work (Before Deductions) Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	FOR SCHOOL USE ONLY Total Monthly Income

**SECTION C. I certify that the above information is true and correct and that all income is reported. I understand this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.**

SIGNATURE OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM \_\_\_\_\_ SOCIAL SECURITY NUMBER (WRITE "NONE" IF YOU HAVE NO SOCIAL SECURITY NUMBER) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):** 1) Mark one or more racial identities below:

American Indian or Alaska Native     Black or African-American     Asian     Native Hawaiian or Other Pacific Islander     White

2) Mark one ethnic identity below:

Of Hispanic or Latino Origin     Not of Hispanic or Latino Origin

**FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION**

Year Rd Track: \_\_\_\_\_ Household Size: \_\_\_\_\_ Household Income: \_\_\_\_\_ Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Zero Income, Temporary Free Until 45 Calendar Days From Date Of This Determination)    Direct Certified as: H M R \_\_\_\_\_

Free     Reduced     Denied     Categorically Free Due To Food Stamps, CalWORKs, Kin-Gap, or FDIPIR Benefits    2<sup>nd</sup> Review: \_\_\_\_\_ EP

Verification Official: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up: \_\_\_\_\_