

Complete only **1** application per Household. Return this completed application to your child's school, the District Office, or apply online at www.myschoolapps.com. California EC 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, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

SECTION A: List Household Members who are infants, children & Vallejo School District students.

FOSTER CHILD	LAST NAME	FIRST NAME	SCHOOL	GRADE	DATE OF BIRTH	<u>Homeless, Migrant or Runaway?</u>

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

Indicating **Homeless, Migrant or Runaway** does not automatically qualify your student(s) for free meals. Additional documentation is required, so please fill out the entire application for faster approval.

Homeless /Runaway: McKinney Vento forms are available at all school sites and the District Office. These will be forwarded to Student Nutrition by the VCUSD homeless liaison.

Migrant: Contact the Cal. Migrant Edu. Prog., Reg.2 office at (530) 666-1977, ext.109, for assistance to place your child(ren) on the Migrant student list.

SECTION B: If any **Household Member** (adults/children) receives CalFresh (food stamps), CalWORKS or FDPIR benefits, write the Case No. below and county where issued.

NOTE: CalFresh Case #'s are on the EBT card, BELOW YOUR NAME on the bottom left hand corner. DO NOT use the credit card number.

Case No.:

County:

SECTION C: Report Income for **ALL** Household Members. **Do not** complete this section if a CalFresh/CalWORKS/FDPIR case number is provided in **Section B** above.

NAMES OF ADULT HOUSEHOLD MEMBERS (First & Last)	GROSS EARNINGS from Work	Pension, Retirement, All Other Income	Public Assistance, Child Support, Alimony	HOW OFTEN DO YOU RECEIVE THE INCOME STATED			
	\$	\$	\$	<input type="radio"/> Monthly	<input type="radio"/> 2x Month	<input type="radio"/> Bi-Weekly	<input type="radio"/> Weekly
	\$	\$	\$	<input type="radio"/> Monthly	<input type="radio"/> 2x Month	<input type="radio"/> Bi-Weekly	<input type="radio"/> Weekly
	\$	\$	\$	<input type="radio"/> Monthly	<input type="radio"/> 2x Month	<input type="radio"/> Bi-Weekly	<input type="radio"/> Weekly
	\$	\$	\$	<input type="radio"/> Monthly	<input type="radio"/> 2x Month	<input type="radio"/> Bi-Weekly	<input type="radio"/> Weekly
	\$	\$	\$	<input type="radio"/> Monthly	<input type="radio"/> 2x Month	<input type="radio"/> Bi-Weekly	<input type="radio"/> Weekly

Child Income: If any children in **Section A** earn or receive income, list **TOTAL** income received by all children: \$ _____ Monthly 2x Month Bi-Weekly Weekly

SECTION D: Signature (REQUIRED) & Contact Information: "I certify that all of the information provided is true and correct 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 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."

TOTAL Household Members (Children & Adults): **Last 4 Digits of SSN of Primary Wage Earner or Other Adult Household Member:** **Check if NO SSN:**

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	DATE
PRINTED NAME OF ADULT SIGNING THIS FORM	PHONE NUMBER WHERE YOU CAN BE REACHED
ADDRESS	CITY, STATE, ZIP

SECTION E: Children's Racial and Ethnic Identities (Optional):

- Mark one or more racial identities:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
- Mark one ethnic identity:

<input type="checkbox"/> Of Hispanic or Latino Origin	<input type="checkbox"/> Not of Hispanic or Latino Origin
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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a CalFRESH, CalWorks or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your 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. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.