

HOW TO COMPLETE THE APPLICATION FOR FREE/REDUCED PRICE MEALS

- ❖ Please use these instructions to fill out the application for free/reduced price meals.
- ❖ Application must be for the **CURRENT SCHOOL YEAR** – this is in the upper left portion of the application.
- ❖ Submit only **ONE** application per household, even if your children attend more than one school in the Vallejo City Unified School District.
- ❖ The application must be filled out completely to qualify your children for free/reduced price meals.
- ❖ Please follow these instructions in order; each step is the same as the steps on your application.
- ❖ If at any time you are not sure what to do next, contact Student Nutrition Services at (707) 556-8921, ext. 50010.

PLEASE USE A BLACK OR BLUE PEN -- NOT A PENCIL -- WHEN FILLING OUT THE APPLICATION.

Definition of HOUSEHOLD: A group of related or unrelated individuals who share income and expenses.

SECTION A.

- ✓ List the full **legal** names and date of birth for **ALL** infants and children in your household.
- ✓ List the school name and grade for **ALL** Vallejo City Unified School District students in your household.
- ✓ If your Household includes **Foster Children**, mark the FOSTER column with an “X”. Foster children will receive free meals, even if non-foster children in the Household do not qualify.
- ✓ If any student listed may be considered as **Homeless, Migrant or a Runaway**, place an X in the Homeless, Migrant or Runaway column, and **completely fill out the rest of the application**.

Please Note: Indicating **Homeless, Migrant or Runaway DOES NOT** automatically qualify your student(s) for free/reduced price meals. Additional documentation is required, which can also qualify your student(s) for other services:

- **Homeless/Runaway:** McKinney Vento forms are available at all school sites and the District Office. These will be forwarded to the VCUSD Homeless Liaison for processing.
- **Migrant:** Contact the California Migrant Education Program, Region 2 office at (530) 666-1977, ext.109, for assistance in placing your child(ren) on the MSiN Migrant Student List.

SECTION B. If anyone in your household receives CalFresh (food stamps), CalWORKS or FDPIR benefits, write your Case No. and the County in which it was issued.

Your CalFresh **case number** is under your name on the bottom left side of your EBT card.
Do not use the credit card number, this cannot be used for qualification purposes).

SECTION C. Adult Income: List the names of **ALL** adult household members and the **GROSS INCOME** they receive in the appropriate column (see types of income to report below). Mark how often **that amount** is received by checking the circle to the right of the income listed. Write a “0” in any fields where there is no income to report. If you write “0” or leave any fields blank, you are declaring that there is no income to report.

Child Income: Report all income earned or received, if any, for all children listed in Section A, and mark the circle for how often it is received. Child Income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

TYPES OF INCOME TO REPORT

- **Gross Earnings from Work:** Salary, wages, cash bonuses, net income from self-employment (business or farm).
- **Pensions, Retirement, All Other Income:** Social Security (including railroad retirement and black lung benefits), private pensions or disability benefits, regular income from trusts or estates, annuities, investment income, earned interest, rental income, regular cash payments from outside household.
- **Public Assistance, Child Support, Alimony:** Unemployment benefits, worker’s compensation, Supplemental Security Income (SSI), cash assistance from State or local government, alimony payments, child support payments, Veteran’s benefits, strike benefits. (Do not include payments from foster care agency).

SECTION D. **Do not** leave this section blank.

- ✓ Enter the **Total** number of household members (Children **and** Adults).
- ✓ Enter the **last 4 digits** of the Social Security Number of the adult household member signing the application. If they do not have a Social Security Number, mark the box “**Check if NO SSN**”.
- ✓ **Signature** of adult household member completing the application. A **signature is required** to process the application. The application will be returned if the signature line is left blank.

SECTION E. We ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free/reduced price school meals.