

PLEASANT VALLEY SCHOOL DISTRICT
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
FOR SCHOOL YEAR 2015-2016

NEW
 RENEWAL

PLEASE APPLY ONLINE AT <https://univprep.vcoe.org/fsonline> OR COMPLETE AND RETURN TO THE SCHOOL

PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING & COMPLETING THIS FORM				SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX- or check here for "NONE" <input type="checkbox"/>															
MAILING ADDRESS				CITY		ZIP CODE													
Do any Household Members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWorks, KinGap, SNAP, TANF, or FDIPR? YES / NO (circle one). If yes, please enter you case number here _____																			
SECTION A. CHILD(REN) INFORMATION: Complete this section by providing information for ALL of the children in your household whether they attend school or not.																			
LIST ALL INFANTS, CHILDREN AND STUDENTS UP TO GRADE 12				SOMETIMES CHILDREN IN THE HOUSEHOLD EARN INCOME. PLEASE INCLUDE THE TOTAL INCOME EARNED BY ALL CHILDREN IN SECTION A. TOTAL STUDENT INCOME \$ _____ ○ WEEKLY ○ BI-WEEKLY ○ 2X MONTH ○ MONTHLY															
SCHOOL NAME	LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	FOSTER	HOMELESS, MIGRANT, RUNAWAY													
					YES / NO	YES / NO													
					YES / NO	YES / NO													
					YES / NO	YES / NO													
					YES / NO	YES / NO													
SECTION B. HOUSEHOLD MEMBERS AND INCOME: If in Section A you entered a Cal Fresh, CalWORKs, Kin-GAP, SNAP, TANF or FDIPR case number, or if this application is for a Foster Child and you entered personal-use income, skip section B and go to signature block in Section C. (1) List all adult household members, regardless of income. (2) Indicate amount(s) of income for those adult household members with income last month, if they do not receive income, mark the no income bubble. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. (3) Enter any income received last month for a child from SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount.																			
FULL NAME OF ALL ADULT HOUSEHOLD MEMBERS	EARNINGS FROM WORK	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	PUBLIC ASSISTANCE/ CHILD SUPPORT/ ALIMONY	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	PENSION/ RETIREMENT/ ALL OTHER INCOME	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION 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, we cannot approve your child for free or reduced priced meals. You must include the last four digits of the social security number of the 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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, auditor for program reviews, and law enforcement officials to help them look into violations of program rules I certify (promise) that all of the above information 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, that school officials may verify(check) the information on the application. 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."																			
SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM				TELEPHONE NUMBER ()		DATE													
SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):																			
1. Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White																			
2. Mark one ethnic identity: <input type="checkbox"/> Of Hispanic or Latino origin <input type="checkbox"/> Not of Hispanic or Latino origin																			
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION																			
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with CalFresh, CalWORKs, Kin-GAP, or FDPIR Benefits																			
Household Size:		Denial Reason:			Direct Certified as: H M R		EP <input type="checkbox"/>												
Household Income:					2 nd Review – Official: _____		Date: _____												
Determining Official: _____		Date: _____			Application# _____														
Verification Official: _____		Date: _____																	

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