California Department of Education Nutrition Services

PLEASANT VALLEY SCHOOL DISTRICT APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2020-2021

	NEW
\Box	RENEWAL

PLEASE APPLY ONLINE AT http://pvsd.vcoe.org/fsonline or complete and return to the school

This institution is an equal opportunity provider.

California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school year. Children participating in the federal 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."

STEP 1: PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING & COMPLETING THIS FORM									SOCIAL SECURITY NUMBER (LAST 4 DIGITS) (XXX-XX- or check here for "NONE"												
MAILING ADDRESS									CI	ГҮ	Y ZIP CODE										
· ·	-	•	cluding you) cu O (circle one).						ne or more ou case nur			wing	ass	istan	ce pr	ograms:					
STEP 3: CHILE	(REN) INFO	ORMATION: Co	omplete this sec	tion b	y pro	vidin	g info	orma	ition for ALL	of the	child	ren ir	ı you	r hou	seho	ld whether they a	ttend	scho	ol or	not.	
LIST A	ALL INFAN	rs, CHILDRE	EN AND STUD	ENT	S U	Р ТО	GR	ADE	≣12			E THI	E TO1	TAL IN	COME	THE HOUSEHOLD E EARNED BY ALL O NT INCOME \$ EEKLY 2X MONTH	CHILDI	REN II	N SEC		
SCHOOL NAME		E FIRST NAME						МЕ	DATE OF BIRTH				GRADE FOST			ER HOMELESS, N				WT,	
																YES / NO		YES / NO			
																YES / NO		Υ	/ES/	NO	
																YES / NO		YES / NO			
																YES / NO		Υ	/ES/	NO	
	HOUSEHOLD MEMBERS AND INCOME: If in STEP 2, you entered a CalFresh, CalWORKs, or FDPIR case number, or if this application is for a Foster Child, home migrant or runaway and you entered personal-use income, skip STEP 4 and go to signature block in Step 5.										mele	ess,									
not receive in income from a	ncome . For any source,	each housel write "0". If y	hold member, ou enter "0" o	repo r lea	ort th	e TC	TAL	inc	ome for ea	ach so	ource	in v	vhole	e dol	lars o	in SECTION A only. If they do nere is no incor	not re	eceiv	ve	do	
			s and deduction "How Often"		ımn·	W =	We	ekly	2W = Ri-\	Neek	lv 21	л = ⁻	Twic	e a N	/lontl	h, M = Monthly,	Y =	Yea	rlv		
Litter the app	порнате ра	y period in the	C TIOW OILCIT	Cold	<u> </u>	_	770	CKIY	PUBLIC		iy, 21	VI —	Wic	Car	VIOITE	i, ivi – ivioritilly,	<u> </u>	TCa	ıy		
FULL NAME OF ALL ADULT HOUSEHOLD MEMBERS		EARNINGS FROM WORK	WEEKLY	BI-WEEKLY	2x MONTH	MONTHLY	NO INCOME	_	ICE/ RT/	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	PENSION/ RETIREMENT/ ALL OTHER INCOME	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	
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STEP 5: SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM TELEPHONE NUMBER ()																					
OPTIONAL	CHILDRE	N'S RACIAL A	ND ETHNIC IDE	NTIT	IES:																
1. Mark one or r	more racial i		merican Indian o laska Native	r		∏Asi	an		□Black or African Am	erican	1		_			aiian or slander] V	Vhite		
2. Mark one eth	nic identity:		Of Hispanic or			_			f Hispanic o										_	_	
□		duood	_	CHC					LIGIBILITY					OV.c	r ED	DID Ponefite					
Free Household Size		educed									th CalFresh, CalWORKs, or FDPIR Benefits Direct Certified as: H M R EP										
Household Size: Denial Reason:												ı M					EΡ	<u> </u>			
Household Income:			Date:								2 nd Review – Official: Date: Application#										
Determining Off			Date:							⊢′`	ייאאיי	Juli	J117	'							
Confirming offic	Date:			\dashv																	