

Esparto Unified School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2003-2004

Please complete the application on the reverse side, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits,
- The names and income of all other household members,
- The signature of the child's or children's parent or guardian, and
- The social security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.

ALL HOUSEHOLDS: *READ THIS SECTION*

California Education Code 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 any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKS, KinGAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).
USDA is an equal opportunity provider and employer.

Esparto Unified School District

**APPLICATION for FREE and REDUCED-PRICE MEALS
or FREE MILK for 2003-2004
COMPLETE and RETURN THIS APPLICATION
TO THE SCHOOL**

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION		
HSHLD SIZE:	HSHLD INCOME: \$	
FREE:	REDUCED:	DENIED:
YEAR RND TRACK:	FS / CalWORKs / KinGAP / FDPiR:	
TEMPORARY FREE UNTIL: (No more than 45 calendar days from date of determination)		
DETERMINING OFFICIAL:		DATE:

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION			Food Stamp (FS), CalWORKs, KinGAP, or FDPiR Benefits		FOSTER CHILD		FOR SCHOOL USE ONLY
Last Name	First Name	School Name	Yes/ No	If YES, enter case number below:	Yes/ No	If YES, complete one application per Foster Child. Enter child's monthly personal-use income:	Student ID
1.							
2.							
3.							
4.							
5.							

If you entered a Food Stamp, CalWORKs, KinGAP, or FDPiR case number for **each** child in Section A, or if this application is for a Foster Child and you entered his/her monthly personal-use income, skip Section B and complete Section C.

SECTION B. HOUSEHOLD MEMBERS and THEIR MONTHLY INCOME (IF ANY)

(1) List all **adult** household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month; (3) Enter any income received last month **by/for a child** from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4), If amount last month was more/less than usual, enter the usual amount.

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	OR SCHOOL USE ONLY
					TOTAL MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					

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SECTION C. ALL HOUSEHOLDS READ and COMPLETE THIS SECTION

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

Signature of adult household member completing this form:	Telephone Number: ()	Date:
Printed name of adult household member signing this application:		Social Security Number (write "none" if N/A):
Address:		
City:	State:	Zip Code:

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional) This Institution is an Equal Opportunity Provider and Employer.

1. Mark one or more racial identities:	American Indian or Alaska Native	Asian	Black or African-American	Native Hawaiian or Pacific Islander	White
	2. Mark one ethnic identity:			Of Hispanic or Latino origin	Not of Hispanic or Latino origin