

**Leadership Public Schools San Jose**

**Application for FREE and REDUCED-PRICE MEALS or FREE MILK for 2010-2011** ONE application per household or ONE application for each foster child.

**SECTION A: Student/Child Information:** Provide information for all students/children in your household whether or not they attend school.

Last Name	First Name	School Name	Case Number	Benefit Name: Food Stamp, CalWORKs, KinGap, or FDPIR	Student/Child's Gross Income, if any. (Include <u>how much</u> and <u>how often</u> )
<i>(Example) Taylor</i>	<i>Sandra</i>	<i>ABC School</i>			\$ 253.32 / annually
1					\$ /
2					\$ /
3					\$ /
4					\$ /
5					\$ /

If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for EACH child in Section A, **skip Section B, go to Section C.**

If the child you are applying for is homeless, migrant, or a runaway, check appropriate box and contact the school:  Homeless  Migrant  Runaway

If this application is for a child who is the legal responsibility of a welfare agency (foster child) or court, enter their personal-use income and **skip to Section D.**

<b>Foster Child Full Name</b>	<b>Foster Child's School Name</b>	<b>Foster Child's Personal-use income</b> \$ _____ weekly/ monthly/ annual (circle one)
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**SECTION B: Adult Household Members and Gross Income:** List all adult household members, regardless of whether or not they have income.

Adult's Full Name	Check box if no income	Gross Earnings From Work (Before Deductions) Include All Jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments, Adoption Assistance, SSI	Any Other Income
		<b>Total Gross Income – You must include How Much and How Often</b>			
<i>(Example) Loretta Taylor</i>	<input type="checkbox"/>	\$ 769.22 /every other week	\$ 0.00	\$ 350.72 /monthly	\$ 0.00
1	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
2	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
3	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
4	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /

Enter Total Household members (Section A + Section B)

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

- Choose one or more (regardless of ethnicity):  Asian  White  American Indian/ Alaska Native  Black/African-American  Native Hawaiian/Other Pacific Islander
- Choose one ethnic identity:  Hispanic/ Latino  Not Hispanic/ Latino

**SECTION D: All households read and complete this section.**

I certify (promise) that the above 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, that school officials may verify the information on the application, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

PRINT Name of adult completing this form	Date	Adult Social Security Number (SSN)	<input type="checkbox"/> I do not have a SSN.	Telephone Number
SIGNATURE of adult completing this form	Mailing Address	City	Zip Code	

**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 by any other means.** Privacy Act Statement "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 price meals. You must include 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 Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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.

*"This Institution is an Equal Opportunity Provider."*

OFFICE USE ONLY – ELIGIBILITY DETERMINATION

<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Denied	<input type="checkbox"/> Categorizedly Free w/ FS, CalWORKs, Kin-GAP, or FDPIR	Direct Certified as: H M R <input type="checkbox"/> EP	YR Track
<input type="checkbox"/> Temporary Free	Expiration Date	/ /	( expires 45 days from this date)	HSHLD Size:	HSHLD Annual Income: \$
Determining Official	Date		2 <sup>nd</sup> Review Official	Date	Verification Official

Annual income conversion: Multiply weekly x 52; Every two weeks x 26; twice monthly x 24; Monthly x 12. Do not round. Compare this result to the income eligibility guidelines.