

## **Santa Barbara Unified School District APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2011-12**

Please complete the application on the reverse, 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
- The last four digits of the Social Security number of the person who signed the application. If the person signing the application does not have a Social Security number, check off in the box indicated on the form.

### **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 by any other means.**

Privacy Act Statement: This explains how we will use the information you give us.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a CalFresh, CalWorks 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, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, S.W., Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

**SANTA BARBARA UNIFIED SCHOOL DISTRICT**

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2011-12**

**SECTION A. STUDENT INFORMATION:** ALL HOUSEHOLDS COMPLETE THIS SECTION BY PROVIDING INFORMATION FOR ALL OF THE CHILDREN IN YOUR HOUSEHOLD.

STUDENT / CHILD INFORMATION (Children ages birth -18 yrs only)			Student ID Number or DOB	Is This a FOSTER CHILD?	Food Stamp (FS), CalWORKs, Kin-GAP or FDPIR Benefits	Is Child Homeless, Migrant, or a Runaway	FOR SCHOOL USE ONLY
Last Name	First Name	Current School (N/A if Not in School)	Optional: Will assist in qualifying correct student	Please check <input checked="" type="checkbox"/>	If you are receiving benefits please write your complete case number	Please check appropriate box <input checked="" type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
				<input type="checkbox"/>		<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
				<input type="checkbox"/>		<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
				<input type="checkbox"/>		<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
				<input type="checkbox"/>		<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	

**SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for each child in Section A, or is a Foster Child go to the signature block below in Section C.

Household Adults: List all adult household members, regardless of whether or not they have income. • Indicate the frequency, amount and source of income for those adult household members with income. • Enter any income received from full-time or regular part-time employment, SSI, or Adoption Assistance payments. • If income is more/less than usual, enter the usual amount.

Full Name	If no Income Please check <input checked="" type="checkbox"/>	Gross Earnings From Work (All income before DEDUCTIONS.) Is income wkly, bi-wkly, twice a month, monthly, annually? PLEASE STATE.	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	FOR SCHOOL USE ONLY Total Monthly Income
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

**SECTION C. I certify that the above information is true and correct and that all income is reported. I understand 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.**

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		Social Security Number XXX-XX-_____ <input type="checkbox"/> I do not have a SSN Write only the last four digits of your SS#	
MAILING ADDRESS	APT. #	CITY	ZIP CODE

**SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Of Hispanic or Latino Origin	<input type="checkbox"/> Not of Hispanic or Latino Origin
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1) Mark one or more racial identities below:

2) Mark one ethnic identity below:

**FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION**

Household Size:	Household Income:	Determining Official:	Date:	Direct Certified as: H M R
<input type="checkbox"/> Zero Income, Temporary Free Until:		EP <input type="checkbox"/>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free Due To Food Stamps, CalWORKs, Kin-Gap, or FDPIR Benefits	
2 <sup>nd</sup> Review:	Verification Official:	Verification Date:	Verification Follow-up Date:	
Verification Results: <input type="checkbox"/> Status Same <input type="checkbox"/> Status Change <input type="checkbox"/> Non-Response		New Income:	Household Size:	New Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free