Application for Free and Reduced-Price Meals for 2017-2018

Return completed application directly to: CUSD Nutrition Services 2455 Carmichael Drive Chico, CA 95928

Complete ONE Application per Household

HOUSEHOLD MEMBERS (Children + Adults)

****FILL OUT BOTH SIDES OF FORM****

QUESTIONS? CALL 891-3021 x203

Complete Citz Application por												. 2010					001 0021	A) = CA	4			
Part 1. LIST <u>ALL</u> CHILDREN AND S																						
FROM ANY OF THE ASSISTANCE PRO	OGRAMS LSI	TED																			11V	- 77
Full name (Last name, First name)	Name of child's school or N/A	" IF ADULT		If any member of your household receives CalFresh (food stan Work Opportunity and Responsibility to Kids), FDPIR (Food Dis Reservations), or KinGAP (Kinship Guardianship Assistance Pa number below and skip to Part 3 (Do not provide Med If no one receives these benefits, skip					stribution Program on Indian yment) benefits, provide case li-Cal information).			Fo Ch	a Er Foster For Child? Chi If YES, mon		Enter oste hild'	"Yes" Inter Oster hild's onthly use						
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Part 2. INCOME SECTION: LIST <u>ALL</u> ADEDUCTIONS), INCLUDING ANY INC	OME RECEI	VED	ВҮ	OR	FO	R A	CHILD. M	1AR	K "X	(" IN	I T⊦		HO	W O	FTE	N I	T IS RECEI	VED.		t.		
Full name of ALL ADULT household members, regardless of whether or not they have income. Also list any income that is received by or for a child, including employment income, SSI, child support, and Adoption Assistance payments.	GROSS EARNINGS (from all jobs before deductions) PER PAY PERIOD	"X" IF NO INCOME	Weekly	Every Two Weeks	Twice Monthly	Monthly	Child Support, Alimony	Weekly	Every Two Weeks	Twice Monthly	Monthly	Supplemental Security Income (SSI), Social Security, Pension, Retirement, Veteran or Disability Benefits	Weekly	ro Weeks	Twice Monthly		All other income (such a Unemployr	er e s ment	Weekly	Every Two Weeks	Twice Monthly	Monthly
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TOTAL NUMBER OF												PART3 CON	$T/\Lambda/$	UF	DO	MO	THERSI)F				

FORM ALSO MUST LI	HOUSEHOLD MEMBER MUST ST THE LAST FOUR DIGITS (STATEMENT BELOW).		CIAL SECURIT	Y NUMBER (OR MARK THE "	I DO NOT H		
I understand that school of	information on this application is tru officials may verify (check) this infor igibility status may be shared as allo	mation. I understand th						
PRINTED NAME OF ADU	SIGNATURE (DATE:					
MAILING ADDRESS:			Enter the last fo Wage Earner or LAST 4- DIGITS	Check the box if you DO NOT have a SSA# □				
CITY:	STATE:	ZIP:	PHONE NUME	ER:	E	MAIL ADDRE	SS:	
National School Lunch Fmeans. Part 4. CHILDREN'S 1.) Mark one or mon Islander 2.) Mark one ethnic is the Richard B. Russell Nation free or reduced-price in signs the application. The number or other FDPIR id	de Section 49557(a): Applications Program will NOT be overtly iden ETHNIC AND RACIAL IDEN ore racial identities: Asian identity: Hispanic or Latino ational School Lunch Act requires the neals. If you are submitting an incorlast four digits of the Social Securit entifier for your child; or indicate the onto determine if your child is eligible.	TITY (OPTIONAL) American Indian or Not Hispanic or Late The information on this application, you will be adult household reading the adult household reading the adult household reading to the adult household reading the adu	r Alaskan Native tino pplication. You do you must include ti ired when you app	Black or Af not have to proper last four digit on behalf of e application do	rican American ovide the information its of the Social Secure a foster child; list a oes not have a Social Secure of the social Secure	White who, but if you decrity Number CalFresh, Calial Security Number N	Native Hawa o not, we canno of the adult hous WORKs, FDPIF umber. We will u	t approve your child sehold member who R, or Kin-GAP case use your household
	******DO NOT COM	IPLETE THE INFOR	MATION BELO	W. FOR OFF	ICE USE ONLY*	*****		
Household size:	Household Total Income: _	Per: 🚨	Week 🗆 Ever	/ Two Weeks	☐ Twice A Mont	h 🗖 Month	☐ Year	
Application Approved as FREE based on: Household Income CalFresh	☐ Reduced-priced	☐ Income t	enied based on: too high on Incomplete			EP 🗆	Selected for Inc	come Verification □
□ CalWORKs □ FDPIR				Determining	Official's Signature):		_ Date:Da
☐ KinGap☐ Zero Income			Follow-Up Signature:					
□ Directly Certified as: □□ Foster Child	l Homeless ☐ Migrant ☐ Runaway	☐ Head Start			n Official's Signature			Date: Date:
	ī	The USDA and CDE are e	qual opportunity p	roviders and en	nployers.			