

SANTA YNEZ VALLEY CHARTER SCHOOL

*****USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES*****

SECTION A. CHILDREN INFORMATION

All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct income codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.
 Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	DOB	Date of Birth (Optional)	Racial and Ethnic Identity	Circle One Ethnic Identity	Circle one or more (Optional)	MARK "X" if Foster Child	MARK "X" if Child's Personal Income	Source of Income (Work)?	Paid How Often? (Circle)	ENTER Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDIPIR	ENTER Benefit Case Number
1				N OR H	A W B I P		<input type="checkbox"/>	\$		W E T M Y		
2				N OR H	A W B I P		<input type="checkbox"/>	\$		W E T M Y		
3				N OR H	A W B I P		<input type="checkbox"/>	\$		W E T M Y		
4				N OR H	A W B I P		<input type="checkbox"/>	\$		W E T M Y		
5				N OR H	A W B I P		<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: **H M R**
 Households submitting an application with a Benefit Case Number for CalFresh/CalWORKS for EACH child or an Adult household member, please skip to Section C and complete.

A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS:

Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" if No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	ENTER Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDIPIR	ENTER Benefit Case Number
1	<input type="checkbox"/>	\$		\$			\$			\$	Rental Income			
2	<input type="checkbox"/>	\$		\$			\$			\$				
3	<input type="checkbox"/>	\$		\$			\$			\$				
4	<input type="checkbox"/>	\$		\$			\$			\$				
5	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

Education Code 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. I certify (promise) that all of the above information 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 at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____ Signature of adult household member completing this form _____ Date _____
 Last 4 digits of Social Security Number (SSN) _____ I do not have a SSN.

Federal Information Statement on letter to households

Street Address, Apt #, etc. _____ City _____ State _____ Zip _____ Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

Application Approved: HSLD Size: _____ HSLD Annual Income: \$ _____ DO NOT Write Below This Line-For School Use Only:

- Free based on:
 - CalFRESH
 - CalWORKS
 - KinGap
 - FDIPIR
 - Direct Certification
- Denied based on:
 - Income Too High
 - Incomplete
 - Reduced based on:
 - Household Income
 - Zero Income
 - Foster Child Only

Annual Income Conversion Factors: Weekly X 52, Monthly X 12
 26, Twice A Month X 24, Monthly X 12
 Determining Official's Signature & Date _____
 Confirming Official's Signature & Date _____
 Verification Official's Signature & Date _____
 The USDA and the CDE are equal opportunity providers and employers
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