

Manhattan Beach Unified School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2008-2009

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
- 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 by any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (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 the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

In accordance with federal law and U.S. Department of Agriculture (USDA) 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). The USDA is an equal opportunity provider and employer.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2008-2009

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME

SECTION C. 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 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.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER ()	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

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

1. Mark one or more racial identities:				
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Mark one ethnic identity:				
<input type="checkbox"/> Of Hispanic or Latino origin		<input type="checkbox"/> Not of Hispanic or Latino origin		
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION				
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits				
Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):			Direct Certified as: H M R EP <input type="checkbox"/>	
Year Round Track:	Household Size:	Household Income:		
Determining Official:	Date:	2 nd Review – Official:		Date:
Verification Official:	Date:	Follow up:		