EVERGREEN SCHOOL DISTRICT
Child Nutrition Services
APPLICATION for FREE and REDUCED-PRICE MEALS
2009-2010

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, and
- 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*

The 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.''

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,1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).
USDA is an equal opportunity provider and employer.

FOR CNS DEPARTMENT USE ONLY ELIGIBILITY DETERMINATION		
HOUSEHOLD SIZE		
HOUSEHOLD INCOME		
DETERMINING OFFICIAL		
DETERMINING DATE		
Direct Certified as:	H M R	
___ FREE	___ REDUCED	___ DENIED

Categorically FREE Eligible from (circle): Food Stamps CalWORKS Kin-GAP FDPIR **ZERO INCOME - TEMPORARY FREE UNTIL**_____ (45 calendar days from date of this determination)	
2nd Review	
Error Prone	
VERIFICATION OFFICIAL	
FOLLOW - UP	
Verification Notes:	

Notes:

Evergreen School District APPLICATION for FREE and REDUCED-PRICE MEALS or FREE MILK for SCHOOL YEAR 2009-2010

SECTION A: CHILDREN'S INFORMATION: Write the names of all the children in your household whether or not they attend school.
Indicate if the children receive Food Stamps, CalWORKs, KinGAP, or FDPIR benefits.

Last Name	First Name	Social Security Number (SSN) (Optional)	Birth Date (Optional)	Current School (write **"None"** if not in school)	Grade	List Income Received by child or Write "0" if No Income	Food Stamp, CalWORKs, KinGAP, or FDPIR Case #	FOR CNS DEPARTMENT USE ONLY Student ID #
		/ /						
		/ /						
		/ /						
		/ /						
		/ /						
		/ /						
		/ /						

FOSTER CHILD INFORMATION: **If this application is for a foster child, write the child's name and personal-use income, sign and date the application.**

Last Name:	First Name:	Student ID Number	School:	Personal-use Income: $

SECTION B: 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 a child or for a child from full-time or regular part-time employment, Social Security, or Adoption Assistance.

Last Name	First Name	IF NO INCOME, ENTER ZERO, "0"	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 CNS DEPARTMENT USE ONLY Total monthly income

ENTER TOTAL HOUSEHOLD MEMBERS (The number you enter must equal the number of names in Section A and Section B)

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.* **Please see back of this application for the Privacy Act Statement.**

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.

SECTION D. Children's Racial And Ethnic Identities (Optional)
1. Mark one or more of the racial identities:
☐ American Indian or Alaska Native ☐ White
☐ Black or African American ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ Other

2. Mark one ethnic identity:
☐ Of Hispanic or Latino Origin ☐ **Not** of Hispanic or Latino Origin

Signature of adult household member completing this form ↓ ***Printed*** name of adult household member completing this form ↓ **Date**

SOCIAL SECURITY NUMBER (SSN) I do not have a SSN ☐

Mailing Address ↓ **City** ↓ **Zip Code** ↓

Telephone Number
( )