

Grass Valley School District

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR 2018-2019**

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, 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 CalFresh, California Work Opportunity (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) case number is provided, you must include the last four digits of 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 the last four digits 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at [\(800\) 877-8339](tel:8008778339). Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call [\(866\) 632-9992](tel:8666329992). Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: [\(202\) 690-7442](tel:2026907442); or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

GVSD APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2018-2019

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

STUDENT / CHILD INFORMATION (List All Children In Household)			CalFresh, CalWORKs, or FDPIR BENEFITS		Is This a FOSTER CHILD?		FOR SCHOOL USE ONLY
Last Name	First Name	Current School (N/A If Not In School)	Write "Yes" or "No"	If "Yes," Write the CalFresh, CalWORKs, or FDPIR Case Number	Mark "X" If Foster Child	If "Yes," Enter Child's Monthly Personal-Use Income	Student ID Number

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.

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: 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.

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, or for a child for SSI or Adoption Assistance payments. If you do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Full Name (List All Adults In Household)	Gross 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 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 lose meal benefits and be prosecuted under applicable State and Federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		TELEPHONE NUMBER	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER LAST 4 DIGITS ONLY XXX-XX- _____ CHECK BOX IF NO SSN <input type="checkbox"/>	
MAILING ADDRESS		CITY	ZIP CODE

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

1) Mark one or more racial identities below:

2) Mark one ethnic identity below:

- American Indian or Alaska Native
 Black or African-American
 Asian
 Native Hawaiian or Other Pacific Islander
 White

- Of Hispanic or Latino Origin
 Not of Hispanic or Latino Origin

FOR SCHOOL USE ONLY- ELIGIBILITY DETERMINATION

Year Rd Track: N/A	Household Size:	Household Income:	Determining Official:	Date:
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free Due To CalFresh, CalWORKs, or FDPIR Benefits			Direct Certified as: H M R	
Notes:			2 nd Review:	EP <input type="checkbox"/>
Verification Official:	Date:	Follow-up:		