

Walnut Valley Unified School District

APPLICATION FOR FREE AND REDUCED PRICE MEALS

2018-2019

COMPLETE AND RETURN TO NUTRITION SERVICES

California Education Code Section 49557(a): "Applications for free and reduced price meals may be submitted at any time during a school day. Children participation in the Federal 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."

DO NOT WRITE IN THIS BOX - FOR DEPARTMENT USE ONLY			
Household Size:		Household Income \$	
FREE	REDUCED	DENIED	
APPROVED BY:			Date:
2nd Review by:			Date: \$
VERIFICATION: F R D NR			Date: \$

SECTION A

STUDENT/CHILD INFORMATION

List all children in the household.

LAST NAME	FIRST NAME	STUDENT ID#	GRADE	CURRENT SCHOOL	Do you receive Cal Fresh, CalWorks, or FDPIR?	Foster Child(ren)?
					IF YES ENTER CASE# BELOW	IF YES, enter Child's Monthly Personal Allowance Income Below
1						
2						
3						
4						
5						
6						
7						

SECTION B

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

(1) List all adult household members regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month. (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments and (4) If amount last month was more/less than usual, enter the usual amount.

LAST NAME	FIRST NAME	GROSS MONTHLY INCOME BEFORE DEDUCTIONS	RETIREMENT SOCIAL SECURITY PENSION	CHILD SUPPORT ALIMONY WELFARE BENEFITS	OTHER INCOME	FOR DEPARTMENT USE ONLY
1						
2						
3						
4						
5						
6						

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 the connection with the receipt of federal funds, that school officials may verify the information on the application at anytime, and that deliberate misrepresentation of the information may subject me to the prosecution under applicable State and Federal Laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		ADDRESS			
PRINT NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION		CITY		STATE	ZIP CODE
DATE	EMAIL	LAST 4 DIGITS OF SOCIAL SECURITY# Write "none" if N/A		PHONE#	
CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) CHOOSE ONE ETHNICITY		CHOOSE ONE OR MORE REGARDLESS OF ETHNICITY (OPTIONAL)			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

"This institution is an equal opportunity provider."