INSTRUCTIONS FOR APPLYING FOR THE NATIONAL SCHOOL LUNCH PROGRAM

NOTE: A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS OR FDPIR BENEFITS, FOLLOW THESE INSTRUCTIONS:

Step 1: List all names of each child, each child’s school (if known), grade, and birthdate.
Step 2: List the case number for any household member (including adults) receiving CalFresh, CalWORKs, FDPIR benefits.
Step 3: Skip this step. The last four digits of a Social Security Number are not necessary.
Step 4: Sign the form.
Step 5: Answer this question if you choose.

Turn in the form to Nutrition Services at 902 College St. Woodland, CA. 95695, or your child’s school.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS OR FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:

Step 1: List all names of each child, each child’s school (if known), grade, and birthdate. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Woodland Joint Unified School District Homeless Liaison.

Step 2: Skip this step.
Step 3: Complete only if a child in your household is not eligible under Step 1. See instructions for All Other Household Members (Step 3, Part B).
Step 4: Sign the form. The last four digits of a Social Security Number are not necessary if you did not complete Step 3.
Step 5: Answer this question if you choose.

Turn in the form to Nutrition Services at 902 College St. Woodland, CA. 95695, or your child’s school.

IF YOU ARE APPLYING ON BEHALF OF A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- If all children in the household are foster children:
  Step 1: List all names of each foster child, each foster child’s school (if known), grade, and birthdate. Check the box to indicate each foster child.
  Step 2: Skip this Step.
  Step 3: Skip this step. The last four digits of a Social Security Number are not necessary.
  Step 4: Sign the form.
  Step 5: Answer this question if you choose.

Turn in the form to your child’s school.

- If some of the children in the household are foster children:
  Step 1: List all names of each child, each child’s school (if known), grade, and birthdate. Check the box to indicate each foster child.
  Step 2: Skip this Step.
Step 3: Complete only if a child in your household is not eligible under Step 1. See instructions for All Other Household Members, and list the last four digits of their Social Security Number in Step 3 (or mark the box if they do not have one).

Step 4: Adult household member must sign the form.

Step 5: Answer this question if you choose.

Turn in the form to Nutrition Services at 902 College St. Woodland, CA. 95695, or your child’s school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Step 1: List all names of each child, each child’s school (if known), grade, and birthdate. List all household members and the name of each child’s school (if known). For any person receiving no income, including children, you must check the “No Income” box. If any child you are applying for is homeless, migrant, Head Start, a foster child, or a runaway check the appropriate box.

Step 2: Skip this Step.

Step 3: Follow these instructions to report total household income from this month or last month.

- **Name**: List all household members that are not already listed in Step 1.

- **Gross income and how often it is received**: For each household member with income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, monthly, or yearly.
  
  - **Earnings from work before deductions**: Be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you.
  
  - **Income received from public assistance, child support, or alimony**: List the amount each person received.
  
  - **Income received from Social Security, Supplemental Security Income, veteran’s benefits, retirement benefits, or disability benefits**: List the amount each person received.
  
  - **All other income**: List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, federal education, and foster payments received by the family from the placing agency. For self-employed persons only, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
  
  - If they 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. Report all income earned before taxes and deductions.

- List the last four digits of your Social Security Number (or mark the box if they do not have one).

Step 4: Adult household member must sign the form. Make sure that you have listed the last four digits of your Social Security Number (or mark the box if they do not have one).
Step 5: Answer this question if you choose.

Turn in the form to Nutrition Services at 902 College St. Woodland, CA. 95695, or your child’s school.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

### Income Eligibility Guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Year</th>
<th>Month</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,606</td>
<td>$1,968</td>
<td>$984</td>
<td>$908</td>
<td>$454</td>
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<tr>
<td>2</td>
<td>$31,894</td>
<td>$2,658</td>
<td>$1,329</td>
<td>$1,227</td>
<td>$614</td>
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<tr>
<td>3</td>
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<td>$3,349</td>
<td>$1,675</td>
<td>$1,546</td>
<td>$773</td>
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<tr>
<td>4</td>
<td>$48,470</td>
<td>$4,040</td>
<td>$2,020</td>
<td>$1,865</td>
<td>$933</td>
</tr>
<tr>
<td>5</td>
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<td>$4,730</td>
<td>$2,365</td>
<td>$2,183</td>
<td>$1,092</td>
</tr>
<tr>
<td>6</td>
<td>$65,046</td>
<td>$5,421</td>
<td>$2,711</td>
<td>$2,502</td>
<td>$1,251</td>
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<tr>
<td>7</td>
<td>$73,334</td>
<td>$6,112</td>
<td>$3,056</td>
<td>$2,821</td>
<td>$1,411</td>
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<td>8</td>
<td>$81,622</td>
<td>$6,802</td>
<td>$3,401</td>
<td>$3,140</td>
<td>$1,570</td>
</tr>
</tbody>
</table>

For each additional family member add

For each additional family member add $8,288 $691 $346 $319 $160

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, you must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child, list a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). The USDA and the CDE are equal opportunity providers and employers,
This page is left blank intentionally.
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: __________

Parent/Guardian must sign their name, print their name, sign their name, and enter today's date below.

In households with multiple families, the parent or guardian of each student must sign and print their own child's name. To consent to sharing this application as stated above, the parent or guardian must sign below.

Date: __________

Parent/Guardian Signature: __________________________

Check this box if you are the parent or guardian of every student listed in Step 1 to consent to sharing this application as stated above. The parent or guardian must sign and print their name and date below.

Date: __________

Parent/Guardian Signature: __________________________