

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

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
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, 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 e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact the 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.

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School Year 2020-2021 Woodland Joint Unified School District Application for Free and Reduced-Price Meals with CalFresh Option Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at www.myschoolapps.com. This institution is an equal opportunity provider.

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 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."

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level	Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	Foster Child	Homeless	Migrant	Runaway
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKS, or FDFPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs?
If NO, skip STEP 2 and complete STEP 3.

If YES, do not complete STEP 3. Check the applicable program CalFresh CalWORKS FDFPIR

Select Program Type: CalFresh CalWORKS FDFPIR

Enter Case Number: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions.

Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income	How Often
\$		

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the TOTAL income for each source in whole dollars only. 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.

Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work/ All other income	How Often	Public Assistance/ Child Support/Alimony	How Often	Pensions/Retirement SS/All Other Income	How Often
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					

Total Household Members (Children and Adults) Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Check the box if NO SSN

DO NOT COMPLETE SCHOOL USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Total Household Size Approved: Free Reduced-price Denied Categorical

Verified as: Homeless Migrant Runaway Error Prone

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Signature of adult completing this form: _____

Print Name: _____

Today's Date: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

STEP 5- OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS

Pursuant to California Education Code 49558(d)

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

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 print and sign their name, and enter today's date below.

Print Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____ Today's Date: _____

In households with multiple families, the parent or guardian of each student must approve and sign for their **own child(ren)**. To consent to sharing this application as stated above, the parent or guardian must print their child's name, print their name, sign their name, and enter today's date below.

Print Student Name	Print Name of Parent/Guardian	Signature of Parent/Guardian	Today's Date