

**CLOVIS UNIFIED SCHOOL DISTRICT  
APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
FOR SCHOOL YEAR 2011-2012**

Please complete the application on the reverse, sign the application, and return it to your child's school cafeteria. 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 adult household member signing the application. If the person signing the application does not have a Social Security number, write "none" or check the box indicating that there is no Social Security number.

**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: 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 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number or other FDPIR identifier for your child 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.**

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 Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

APPLICATION NO. \_\_\_\_\_

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

STUDENT / CHILD INFORMATION LIST <u>ALL</u> STUDENTS AND OTHER CHILDREN				Food Stamp (FS), CalWORKs, Kin-GAP, or FDPIR Benefits	Is This a FOSTER CHILD? (Each Foster Child Must Have Separate Application)	
Last Name	First Name	Name of CUSD School Your Child Attends	Date of Birth (Optional)	ENTER <b>COMPLETE</b> CASE NUMBER (for Food Stamps, locate number under name at bottom left of EBT card; for CalWORKS, locate number at top right of Notice of Action)	Write "Yes" or "No"	If "Yes," Enter Child's Monthly Personal-Use Income
				CASE NO. _____ Food Stamps		
				CASE NO. _____ CalWORKS		
				CASE NO. _____ Kin-Gap		
				CASE NO. _____ FDPIR		

**SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child in Section A, or if this application is for a Foster Child and you entered his or her monthly personal-use income, go to the signature block below in Section C.

**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.

Full Name	Gross Monthly Income (Earnings From Work Before Deductions) (See Calculation Formula in Attached Letter to Households) 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 prosecution 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 FOUR DIGITS ONLY <b>XXX-XX-</b>	<input type="checkbox"/> CHECK HERE IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	ZIP CODE
		TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

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

1) Mark one or more racial identities below:  American Indian or Alaska Native     Black or African-American     Asian     Native Hawaiian or Other Pacific Islander     White

2) Mark one ethnic identity below:  Of Hispanic or Latino Origin     Not of Hispanic or Latino Origin

**FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY...**

Year Rd Track:	Household Size:	Household Income:	Determining Official:	Date:
<input type="checkbox"/> Zero Income, Temporary Free Until (45 Calendar Days From Date Of This Determination):			Direct Certified as: H M R	
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free Due To Food Stamps, CalWORKs, Kin-Gap, or FDPIR Benefits			2 <sup>nd</sup> Review:	EP <input type="checkbox"/>
Verification Official:		Date:	Follow-up:	