

School Year 2018-2019 The Accelerated Schools Application for Free & Reduced Priced Meals

- **Strongly recommended that families complete before the first day of school.**
- Before an application is turned in... breakfast costs \$1.75 and lunch costs \$2.85. **(It adds up to \$23.00 a week or \$92.00 a month)**
- After an application is turned in... Eligible students will receive free breakfast, lunch & supper every school day!
- Applications are strictly confidential.
- Information on the application helps our schools obtain funding for academic and extracurricular programs.
- **Food Service staff is available to help you complete a meal application today before you leave, today.**

Año Escolar 2018-2019 La Aplicación de Escuelas Aceleradas para Comidas de Precio Gratis o Reducidas

- **Muy recomendable que las familias completen antes del primer día de clases.**
- Antes de entregar la solicitud ... el desayuno cuesta \$ 1.75 y el almuerzo cuesta \$ 2.85. (Agrega \$ 23.00 por semana o \$ 92.00 por mes)
- Después de que se entregue una solicitud ... ¡Los estudiantes elegibles recibirán desayuno, almuerzo y cena gratis todos los días escolares!
- Las aplicaciones son estrictamente confidenciales.
- La información en la aplicación ayuda a nuestras escuelas a obtener fondos para programas académicos y extracurriculares.
- **El personal de Servicio de Alimentos está disponible para ayudarlo a completar una solicitud de comidas hoy antes de irse, hoy.**

7 The Accelerated Schools Application for Free and Reduced-Price Meals Complete one application per household.

Read the instructions included with Application on how to apply. 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.			
				Foster Child	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<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"/>

Write all student names here

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

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 box, enter one case number, and then go to STEP 4.

Select Program Type: CalFresh CalWORKs FDIPIR

Enter Case Number: **CalFresh/SNAP #**

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

Name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Write all other children & adult names in your household here

Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member: **Social Security #**

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: _____

Your name, contact info & signature

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 Income: _____

Total Household Size: _____ Eligibility Status: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway Error Prone

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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

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Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st	12-15-2010	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"/>

Escriba todos los nombres de los estudiantes aquí

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

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 box, enter one case number, and then go to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	CalFresh/SNAP #

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	\$	

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	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions/Retirement/All Other Income	How Often
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	

Escriba todos los otros nombres de niños y adultos en su hogar aquí

Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	Seguridad Social #
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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:		

Su nombre, información de contacto y firma

DO NOT COMPLETE. SCHOOL USE ONLY			
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12		Total Household Income	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)		<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		<input type="checkbox"/> Error Prone
Determining Official's Signature:		Date:	
Confirming Official's Signature:		Date:	
Verifying Official's Signature:		Date:	

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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