

FOREST RANCH CHARTER SCHOOL - APPLICATION FOR FREE AND REDUCED-PRICE MEALS

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

STUDENT / CHILD INFORMATION		FOOD STAMP (FS), CALWORKS, Kin-GAP, or FDIPIR BENEFITS	Is This a FOSTER CHILD? (Must Have Separate Application)	FOR SCHOOL USE ONLY
Last Name	First Name	Current School (N/A if Not in School)	Write "Yes" or "No"	Write the FS, CALWORKS, Kin-GAP, or FDIPIR Case Number
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"
			Write "Yes" or "No"	Write "Yes" or "No"

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR 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 Earnings From Work (Before Deductions) 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 (WRITE "NONE" IF YOU HAVE NO SOCIAL SECURITY NUMBER) _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional): 1) Mark one or more racial identities below: 2) Mark one ethnic identity below:

- American Indian or Alaska Native
 Black or African-American
 Asian
 Native Hawaiian or Other Pacific Islander
 White
 Of Hispanic or Latino Origin
 Not of Hispanic or Latino Origin

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION

Year Rd Track: _____ Household Size: _____ Household Income: _____ Determining Official: _____ Date: _____

Zero Income, Temporary Free Until 45 Calendar Days From Date Of This Determination:
 Free
 Reduced
 Denied
 Categorically Free Due To Food Stamps, CalWORKs, Kin-Gap, or FDIPIR Benefits I 2nd Review:
 H M R
 EP

Verification Official: _____ Date: _____ Follow-up: _____