

**Santa Barbara Unified School District
2014-15 Application for Free or Reduced-Price Meals**

This Form Can NOT Be Faxed or E-Mailed

**COMPLETE ONE APPLICATION PER HOUSEHOLD
USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES**

For those with mobility disabilities, the Food Services office
is not accessible. Call 963-4338 ext.6279 for accommodation.

SECTION A. CHILDREN INFORMATION All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by

placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Racial and Ethnic Identities: (Optional)		MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	ENTER Benefit Type: CalFRESH, CalWORKS, Kin-GAP, FDPIR	ENTER Benefit Case Number
				Circle One Ethnic Identity	Circle one or more							
①				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
②				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
③				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
④				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, Households submitting an application with a Benefit Case Number for CalFRESH/CalWORKS for EACH child or an Adult household member, please skip to Section C and complete. A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" If No	Gross Earnings from Work Before Deductions, Include	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFRESH, CalWORKS, Kin-GAP,	Enter Benefit Case Number
Richard, Larath	<input type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M	M	
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE: Education Code 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. I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____ Signature of adult household member completing this form _____ Date _____ Last 4 digits of Social Security Number (SSN) _____ I do not have a SSN.

Federal Information Statement on letter to households

Street Address, Apt #, etc. _____ City _____ State _____ Zip _____ Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

DO NOT Write Below This Line-For School Use Only:

Application Approved: _____ HSLD Size: _____ HSLD Annual Income: \$ _____ Determining Official's Signature & Date _____

Free based on: CalFRESH CalWORKS KinGap FDPIR Direct Certification Direct Certified as: H M R Household Income Zero Income Foster Child Only

Denied based on: Income Too High Incomplete Reduced based on: Household Income

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Confirming Official's Signature & Date _____
Verification Official's Signature & Date _____

The USDA and the CDE are equal opportunity providers and employers