

2017 - 2018 MAMMOTH UNIFIED SCHOOL DISTRICT Application for Free and Reduced-Price Meals

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 - Print the birth date, name, grade and school of EACH child who will attend school this year.

Children in Foster Care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Place a check in the box if a student is a foster, homeless, migrant or runaway. Parents need to provide payment for meals until they receive notice of Free/Reduced Eligibility. Meal Prices are: MES \$32.50 for 10 meals and receive one free lunch, MMS & MHS \$35.00 for 10 meals and receive one free lunch.

SCHOOL USE ONLY	Student's Birth Date	Student's First Name	Student's Last Name	Grade	School Name	Foster Child	Homeless	Migrant	Runaway
	M M D D Y Y					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M M D D Y Y					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M M D D Y Y					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M M D D Y Y					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M M D D Y Y					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) have a CalFresh, CalWORKS or FDPIR Case Number?

If YES > Check the applicable benefit program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3)
If NO > Complete STEP 3

Mark Which Benefit Received
 CALFRESH CALWORKS FDPIR

CASE NUMBER:
 Write only one case number in this space.

STEP 3 Report income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. STUDENT INCOME: Sometimes students earn income. Please enter the TOTAL income earned by all students listed in STEP 1 here. Do NOT enter income earned by adults in this space.

Total Student income
 \$
 How often?
 Weekly Bi-Weekly 2x Monthly Monthly

YES! Weekly
 NO! Weekly

C. Total Household Members (From STEP 1 and STEP 3)

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself). Enter your name and all other Household Members not listed in STEP 1, even if they do not receive income. For each Household Member listed, if they receive income, enter the total amount from 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.

Name of ALL OTHER Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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D. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household
 XXXX-XX

 Check box if NO SSN

STEP 4 Contact information (Printed) and 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."

Street Address (if available)
 Apt# City State Zip
 Daytime Telephone Number (Optional) - -
 FIRST NAME of adult completing the form LAST NAME of adult completing the form
 Signature of adult completing the form Today's date
 X SIGNATURE REQUIRED

OPTIONAL Children's Racial and Ethnic Identities

This institution is an equal opportunity provider.

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

