

Check box if new to district or to Free/Reduced Meal Program. **2021-2022 SUMMER** Orcutt Union School District - Application for Free and Reduced-Price Meals. Complete ONE application per household *OR* Apply online at www.mymealtime.com. This institution is an equal opportunity provider. California Education Code Section 49557(a): Application for free and reduce-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, special dining areas, or by any other means.

STEP 1 List ALL Household CHILDREN: infants, children, and students up to and including grade 12

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **foster care** and children who meet the definition of **homeless, migrant, or runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Grade	School	Foster Child		Homeless, Migrant, Runaway	
			Yes	No						
			<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"/>
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			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs? NOT Medi-Cal Insurance

If **YES** > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3) CalFresh CalWORKs FDIPIR **Case Number:** _____
If **NO** > Go to STEP 3 REQUIRED: Please write your CASE number

STEP 3 List ALL Household ADULTS and all their INCOME (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. INCOME from CHILDREN
Sometimes children in the household earn income. Please include the **TOTAL GROSS income (before deductions)** earned by all Household Children listed in STEP 1 here. Enter the appropriate pay period in the "How Often" box.

B. INCOME from all ADULTS (including yourself)
List **ALL ADULT** members not listed in STEP 1 (including yourself) **EVEN IF THEY DO NOT RECEIVE INCOME**. For each household member listed, if they do receive income, report **TOTAL GROSS income (before deductions)** for each source in whole dollars only and enter the appropriate pay period received. 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 Adult Household Members (First and Last)	BEFORE TAXES		How often?				Public Assistance/ Child Support/Alimony		How often?				Pensions/Retirement/ All Other Income		How often?			
	Earnings from Work	Total Child's income	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (All Children & Adults)

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household Or Check box if no SSN

STEP 4 Contact Information 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."

MAILING Address (if available) Apt # City State Zip Daytime Phone Printed Name of Adult Completing this Form Signature of Adult Completing this Form Today's Date

OPTIONAL Children's Racial and Ethnic 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):** Asian American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander White

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Total Household Members (From STEP 1 and STEP 3) <input type="text"/> <input type="text"/> <input type="text"/> Total Household Income <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How often? <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly Annual Income Conversion Weekly x52 Bi-Weekly x26 Twice Per Month x24 Monthly x12	Approved as: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied Reason: _____	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Head Start <input type="checkbox"/> Migrant <input type="checkbox"/> Kin-GAP <input type="checkbox"/> Runaway	<input type="checkbox"/> Incomplete <input type="checkbox"/> Error Prone
	Determining Official <input type="text"/> Date <input type="text"/>	Confirming Official <input type="text"/> Date <input type="text"/>	Verifying Official <input type="text"/> Date <input type="text"/>