

SCHOOL# \_\_\_\_\_

**GARDEN GROVE UNIFIED SCHOOL DISTRICT**

2011-2012

**APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS**

PLEASE COMPLETE **ONLY ONE APPLICATION** PER HOUSEHOLD

- Please complete, sign, and return this application to the school. For additional instructions refer to the *Letter to Households*, copies at schools.

**PLEASE PRINT**

**SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION**

**FOR F.S. OFFICE USE ONLY**

Household size \_\_\_\_\_ Benefits \_\_\_\_\_  
 \_\_\_\_\_ Free \_\_\_\_\_ Denied \_\_\_\_\_  
 \_\_\_\_\_ Red Temp. until: \_\_\_\_\_  
 Determining official: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Verifying official: \_\_\_\_\_  
 Date: \_\_\_\_\_

APP# \_\_\_\_\_

STUDENT/CHILD INFORMATION (LIST ALL CHILDREN IN HOUSEHOLD)					FOOD STAMP, CalWORKs, Kin-GAP or FDPIR BENEFITS		FOSTER CHILD		FOR EACH STUDENT IN SCHOOL
Last Name	First Name	Middle Name	CURRENT SCHOOL (WRITE N/A IF NOT IN SCHOOL)	Grade	Write Yes or No	If "YES," enter complete case number below	Write Yes or No	If "YES," child's monthly personal-use income	Student ID # (Not lunch ID)
1.									
2.									
3.									
4.									
5.									
6.									
7.									

**SECTION B. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME: IF IN SECTION A, YOU ENTERED A FOOD STAMP, CalWORKs, Kin-GAP OR FDPIR CASE NUMBER FOR EACH CHILD, OR IF THIS APPLICATION IS FOR A FOSTER CHILD, AND YOU ENTERED MONTHLY PERSONAL USE INCOME, SKIP TO SECTION C.**

List ALL adult household members, regardless of whether or not they have income. Indicate how much income and how often each household member received income 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 from full-time or regular part-time employment, SSI or Adoption Assistance. If you are in the military privatized housing initiative or get combat pay, do not include these allowances as income.

Full Name	Gross earnings (before deductions) include <u>all</u> jobs.	Pension, retirement, Social Security	Welfare benefits, child support, alimony payments	Any other monthly income
<i>(Example) Jane Smith</i>	<i>\$750/bi-weekly</i>	<i>\$100/monthly</i>	<i>\$200/semi monthly</i>	<i>None</i>
1.				
2.				
3.				
4.				

**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 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 any other means.

**Privacy Act Statement: National School Lunch Act (Section 9)** requires that, unless your child's food stamp, CalWORKs, Kin GAP, or FDPIR case number is provided, you must include the last four digits of social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify the correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

**SECTION C. ALL HOUSEHOLDS: READ AND COMPLETE THIS SECTION**

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I certify that all of the above information provided 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, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  
 I do not have a Social Security Number

Printed name of adult household member who completed this form: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.