

Placentia Yorba Linda Unified School District McKinney Vento Assistance Act Confidential Enrollment Form

ONLY COMPLETE IF ANY OF THE FOLLOWING APPLY.

***PLEASE CHECK IF THE FOLLOWING LIVING SITUATION APPLY TO THE STUDENT:**

- _____ Living in a shelter or transitional housing (program code 100)
- _____ Living in a hotel or motel (program code 110)
- _____ Living with friends or relatives, or renting a room from another family, due to economic hardship, loss of housing, or similar reason (program code 120)
- _____ Living in a campground, park, garage, or your car (program code 130)

If you and your family are living in one of the situations in the gray box above, **complete this form only**. Meal applications are not required if McKinney-Vento status is approved. You will be automatically qualified for free meals, once Nutrition Services is notified of McKinney Vento eligibility by the District Liaison. Other services **may** include access to tutoring and counseling, as well as help with school necessities such as school supplies, uniforms and backpacks.

This form assists school personnel in complying with the legal guidelines for school enrollment for children who meet the eligibility criteria for services provided under the McKinney-Vento Assistance Act (Title X, Part C of the No Child Left Behind Act).

Please list all PYLUSD students living in your home:

Name	Grade	Birthdate	School

Parent/Guardian Name _____ Unaccompanied Youth? Y N
(Last Name) (First Name)

Address _____

Telephone Number () _____ or () _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent Signature: _____ Date: _____

For District Office Use Only

Transportation Bus Pass issued? ____ yes ____ no date: _____

Backpack/School Supplies Issued? ____ yes ____ no date: _____

Christmas Gift Program Included? ____ yes ____ no date: _____

Tutoring Program Enrolled? ____ yes ____ no date: _____

McKinney Vento Liaison Signature: _____ date: _____

***School sites: Please copy this form and place into your McKinney Vento binder for later use.
Send original to Jon Matson at the Assessment Center either by district mail, fax, or scan.**

School Year 2018-2019 Placentia-Yorba Linda Unified School District Application for Free and Reduced-Price Meals

Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.PYLUSDNUTRITION.ORG This institution is an equal opportunity provider.

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

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is Foster, homeless, migrant, or runaway.			
				Foster	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)

D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member

Check the box if **NO SSN**

STEP 4 – CONTACT INFORMATION & 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.

Signature of adult completing this application:

Print Name: _____

Date: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Income: \$

Total Household Size: Eligibility Status: Free Reduced-price Paid (Denied)

Verified as: Homeless Migrant Runaway

Categorical Error Prone

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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):

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Placentia-Yorba Linda Unified School District

Nutrition Services

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs only upon your consent. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children qualifies for free or reduced price meals.

-
- Yes! I DO** want Nutrition Services to share information on my meal benefit status with **TRANSPORTATION** for approval of free or reduced busing or sports transportation fees.
 - Yes! I DO** want Nutrition Services to share information on my meal benefit status with school site counselors for free or reduced **AP Testing fees**.
 - No! I DO NOT** want information regarding my meal benefit status shared with any outside programs.

If you checked yes to any of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information call Nutrition Services 714-985-8610.
Return this form with your Meal Application to:
PYLUSD Nutrition Services
4999 Casa Loma Avenue
Yorba Linda, CA 92886