

William S. Hart Union High School District - Free and Reduced Price State Meals Program Application for School Year 2019-20 - Complete one application per household

Serving the following schools: AOC, Arroyo Seco, Bowman, Canyon, Castaic HS/iCAN, Golden Valley, Hart, La Mesa, Learning Post, Placerita, Rancho Pico, Rio Notre, Saugus, Sequoia, Sierra Vista, TLC, Valencia, & West Ranch. Read the instructions included with application on how to apply. Please print and use a pen. Return completed application to the student's school or to WSHUHSD ATTN: Carolyn McMahon, 21380 Centre Pointe Pkwy, Santa Clarita, CA. 91350. If you have questions, call 661-259-0033 x 216. The USDA, CDE, and WSHUHSD are 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 – CHILD INFORMATION *Attach another sheet of paper for additional names.

Enter the name of ALL CHILDREN IN HOUSEHOLD ages 17 and under* (LAST NAME, FIRST NAME)	School Name	Grade Level	NEW STUDENT?		WSHUHSD STUDENT ID NUMBER	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
			YES	NO		Foster Child	Homeless	Migrant	Runaway
EXAMPLE: Hart, William	EXAMPLE: Castaic High School	12	YES	NO	EXAMPLE: 99000000	<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"/>
			<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 (including yourself) currently participate in one of the following assistance programs? If YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4. If NO, skip STEP 2 and complete STEP 3.

Select Program Type: CalFresh CalWORKS FDIPIR

Enter Case Number: _____

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

A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Check the appropriate pay period.

Total Student Income \$ _____ How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself) 18 years or older: List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the TOTAL income for 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. Report all income earned before taxes and deductions. Check the appropriate pay period in the "How Often" column.

Enter the first and last names of ALL OTHER ADULT Household Members	Earnings from Work before taxes and deductions					Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income								
	How Often ?						How Often ?								
	\$	<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"/>	\$	<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"/>	\$	<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"/>
	\$	<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 4 – CONTACT INFORMATION & ADULT SIGNATURE

Total Household Members (from STEP 1 and STEP 3) _____

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 form: _____ Today's Date: _____ Address: _____ City: _____ State: _____ Zip: _____

Print Name: _____ Phone Number: _____

Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member. Skip SSN if STEP 2 completed. XXX - XX - [] [] [] [] Check the box if NO SSN

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

DO NOT COMPLETE. DISTRICT USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12
How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Total Household Size: [] [] Eligibility Status: Free Reduced-price Paid (Denied) Error Prone Incomplete

Verified as: Foster Homeless Migrant Runaway Categorical

Determining Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Homeless Coordinator's Signature: _____ Date: _____