California Department of Education, May 2016

School Year 2018-2019 Center for Advanced Learning Application for Free and Reduced-Price Meals

complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at **www.centeradvancedlearning.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. Attach another sheet of paper for additional names.

Enter name of **EACH STUDENT** who will attend school (First, Middle Initial, Last)	Enter **school name** and **grade level**		Enter **student's birth date**	Check the applicable box if the student is **foster, homeless, migrant,** or **runaway.**			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster Child	Homeless	Migrant	Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Write all students and Children names living in the household under the age of 18.

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

Do All household members (including yourself) currently participate in one of the following assistance programs?

If NO, skip STEP 2 and complete STEP 3.

If YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	**Select Program Type:** ☐ CalFresh ☐ CalWORKs ☐ FDPIR	Enter Case Number:

CalFresh / SNAP #

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. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 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 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. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter 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
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

Write all Adults names living in household even if there is no income

Number of Household Members (Children and Adults)	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 ☐

Social Security # or check ✓ Box if none

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 form:		
Print Name:		
Today's Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		

Please Sign and print your name.

Include all contact information

DO NOT COMPLETE. SCHOOL 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 Income

Total Household Size

Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied) ☐ Categorical

Verified as: ☐ Homeless ☐ Migrant ☐ Runaway ☐ 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