

Banning Unified School District

Application For Free And Reduced-Price Meals or Free Milk - School Year 2017 – 2018

ONE APPLICATION PER HOUSEHOLD

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION					
HSHLD SIZE:		ANNUAL INCOME: \$		Direct Certified as: H M R	
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Free with CalFresh, CalWORKs, Kin-GAP, or FDPIR Benefits					
Determining Official		Date		2nd Review Date	
				Verification Follow-Up Date	
Annual Income Conversion: Multiply weekly x 52; Every two weeks x 26; twice monthly x 24; Monthly x 12. Do not round result. Compare this result to the income eligibility guidelines.					

SECTION A. BANNING USD STUDENT(S): All Households Complete This Section:

Last Name	First Name	Birth Date	2017-2018 school/grade	Write <i>child's</i> personal use Gross monthly income, <i>if any</i>	WRITE CASE # : ♦ Calfresh ♦ CalWORKs ♦ Kin-GAP ♦ FDPIR Not EBT card number	Foster Child	
1.						Y	N
2.				\$		Y	N
3.				\$		Y	N
4.				\$		Y	N
5.				\$		Y	N

If you entered a Calfresh, CalWORKs, Kin-GAP, or FDPIR case number for a child in Section A, skip Sec. B and complete Sec.C.

- If the child you are applying for is homeless, migrant, or a runaway, check appropriate box and contact the school district:
 Homeless Migrant Runaway

SECTION B. LIST ALL OTHER HOUSEHOLD MEMBERS AND GROSS INCOME IF ANY:

List ALL OTHER household members including children not in school, regardless of whether or not they have income. Indicate amount and source of income for those adult household members with income. Enter any income received from full-time or regular part-time employment, SSI, or Adoption Assistance payments. If income is more/less than usual, enter the usual amount.

INDIVIDUAL'S Full Name Do Not Repeat Names From Above	Check if no income	Gross MONTHLY Earnings From Work <i>Before</i> Deductions, Include all jobs	Pension, Retirement, Social security	Welfare Benefits, child Support, alimony payments	Any other Income	
Gross Income – You must tell us how much and how often						
(Example) Taylor, Bill	<input type="checkbox"/>	\$ 2000.00/monthly	\$	\$	\$	
1.	<input type="checkbox"/>	\$	\$	\$	\$	
2.	<input type="checkbox"/>	\$	\$	\$	\$	
3.	<input type="checkbox"/>	\$	\$	\$	\$	
4.	<input type="checkbox"/>	\$	\$	\$	\$	

ENTER TOTAL NUMBER OF ALL HOUSEHOLD MEMBERS (Section A + Section B)

California Education Code Section 49557(a)(2): 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 by any other means.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

SECTION C. AN ADULT HOUSEHOLD MEMBER MUST READ AND SIGN THIS APPLICATION

I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

SIGNATURE of adult household member completing this form		Date	Telephone number
PRINTED Name of adult signing this form		LAST 4 DIGITS OF SSN _ _ _ _	<input type="checkbox"/> I do not have a SSN
Mailing Address/ PO Box		City	Zip Code

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES: (Optional)

1. Choose one or more racial identities (regardless of ethnicity): Asian White American Indian or Alaska Native Black or African-American Native Hawaiian or other Pacific Islander
2. Choose one ethnic identity: Hispanic/Latino Not Hispanic/Latino