

Santa Clarita Valley School Food Services Agency 25210 Anza Drive, Valencia, CA 91355 Phone: 661-295-1574 x108 2017-2018 Application for Free & Reduced Price Meals ***Print in Blue or Black Ink Only*** Apply online at www.scvschoolnutrition.org ***WE DO NOT ACCEPT FAXED APPLICATIONS***	FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION					
	HSHLD SIZE:		HSHLD INCOME:	FREE:	REDUCED: \$	DENIED:
	FREE WITH: FS/CALWORKS/KIN-GAP/FDPIR		DC AS: H M R		EPO	o RETURN INCO DATE:
	Annual Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12					
	DETERM OFFICIAL:			DATE:		SITE:
VERIFICATION OFFICIA			DATE:			

SECTION A: ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT/CHILD INFORMATION					New Student?	Returning Student?	FOSTER CHILD? Yes/No	Child's Personal Income- Write "0" if no income	Source of Income: Social security, Foster Child, Adoption Assistance	Do Any Household Members Currently Participate In One of the Following Assistance Programs?
LAST NAME	FIRST NAME	SCHOOL NAME (Write N/A if not in school)	GRADE	DATE OF BIRTH MM/DD/YY						
1.					<input type="checkbox"/>	<input type="checkbox"/>		\$		If Yes, Check The Applicable Box
2.					<input type="checkbox"/>	<input type="checkbox"/>		\$		CALFRESH <input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>		\$		CALWORKS <input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>		\$		KIN-GAP <input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>		\$		DFDPIR <input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>		\$		CASE NUMBER:

If the child you are applying for is Homeless, Migrant or Runaway, contact the school and CIRCLE the appropriate letter: H M R. Households submitting an application with a Benefit Case Number for Cal Fresh/CalWORKs for EACH child or an Adult household member please skip to Section C and complete. A Foster Child that is under the legal responsibility of a Foster Care Agency or Court is eligible for free meals. This eligibility is not extended to non-foster children in the household.

SECTION B: HOUSEHOLD MEMBERS AND THEIR INCOME (BEFORE TAXES)

For each household member listed, report total income for each source in WHOLE Dollars only. If they do not receive income from any source WRITE "0".

LIST ALL ADULT HOUSEHOLD MEMBERS LAST NAME, FIRST NAME	EARNINGS FROM WORK IF NO INCOME WRITE "0".	How Often?				Pension, Retirement, Social Security, Welfare	How Often?				Benefits from Child Support, Alimony, All Other Income	How Often?			
		WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY		WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY		WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY
1.	\$	<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"/>
2.	\$	<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"/>
3.	\$	<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"/>
4.	\$	<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"/>

Privacy Act Statement: The Richard B. Russell National School Lunch Act (Section 9) 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 Cal Fresh, California Work Opportunity (CalWORKS), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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.

SECTION C: ALL HOUSEHOLDS MUST READ AND COMPLETE THIS SECTION **★SIGNATURE REQUIRED**

Education Code 49957(a): Applications for Free and reduced-price meals may be submitted at anytime during the 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. I certify (promise) that all of the above information 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 at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

ADDRESS:	CITY & ZIP CODE:	HOME PHONE:	CELL PHONE:
PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION:		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	
		X X X - X X - _____ <input type="checkbox"/> - I DO NOT HAVE A SOCIAL SECURITY NUMBER	
SIGNATURE (★REQUIRED)		DATE	E-MAIL ADDRESS

SECTION D: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)
 1. Choose one or more: American Indian or Alaska Native White Asian Black or African American Native Hawaiian or Other Pacific Islander 2. Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino