

CHECK HERE if you submitted an application to PUSD last year.

**POWAY UNIFIED SCHOOL DISTRICT
2011-2012 APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

**ONE APPLICATION PER FAMILY – PLEASE COMPLETE, SIGN, AND RETURN THIS APPLICATION TO THE SCHOOL OR FOOD AND NUTRITION DEPARTMENT.
SECTION A. STUDENT INFORMATION:** Complete this section by providing information for all of the children in your household, including foster children.

STUDENT/CHILD INFORMATION List ALL children in the home, whether in school or not.				CalFresh, CalWORKs, KinGAP, or FDPIR Benefits		FOSTER CHILD	
Last Name	First Name	Name of School Write "N/A" if not in school	Student ID or PIN	Write "Yes" or "No"	If "YES," write case number below (required)	Write "Yes" or "No"	If "YES," enter child's monthly "personal-use" income

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you entered a CalFresh, CalWORKs, KinGAP, or FDPIR case number for **each** child in Section A, or if this application is for a foster child only and you entered monthly personal-use income, go to the signature block in Section C.

List all **adult** household members, regardless of whether or not they have income. Indicate the amounts and sources of income **each** household member received **last month**. If any amount last month was more or less than usual, enter the **usual** monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, SSI, or Adoption Assistance. Indicate how often pay is received.

NAMES OF ALL ADULTS LIVING IN THE HOME (LAST NAME) (FIRST NAME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED							
	Earnings from Work before deductions		Welfare benefits, child support, alimony		Pension, Retirement, Social Security, SSI, VA benefits		All Other Income	
<i>Example: Smith John</i>	<i>\$199.99</i>	<i>weekly</i>	<i>\$149.99</i>	<i>twice a month</i>	<i>\$50.00</i>	<i>monthly</i>	<i>\$99.00</i>	<i>monthly</i>

SECTION C. I certify 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.

Signature of adult household member completing this form:		Telephone Number:	Date:
Printed name of adult household member who completed this form:		Last four digits of Social Security Number: XXX- XX - _____	
Mailing Address:		<input type="checkbox"/> I do not have a Social Security Number	
City:	Zip Code:	Total children and adults in household:	

SECTION D. CHILDREN'S RACIAL and ETHNIC IDENTITIES (optional)

1. Mark one or more racial identities:

American Indian or Alaska Native Asian Black or African-American Native Hawaiian or other Pacific Islander White

2. Mark one ethnic identity: Of Hispanic Or Latino Origin Not of Hispanic or Latino Origin

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION							
<input type="checkbox"/>	FREE	<input type="checkbox"/>	REDUCED	<input type="checkbox"/>	DENIED	<input type="checkbox"/>	Categorically Eligible with CalFresh, CalWORKs, KinGAP, or FDPIR Benefits
ZERO INCOME, TEMPORARILY FREE UNTIL (UP TO 45 CALENDAR DAYS FROM DATE OF THIS DETERMINATION):							
YEAR ROUND TRACK:			HOUSEHOLD SIZE:			HOUSEHOLD INCOME:	
DETERMINING OFFICIAL:					DATE:		EP

CHECK LIST FOR FREE AND REDUCED-PRICE MEAL APPLICATIONS



Complete only **ONE (1)** meal application per house- hold (including foster children).



List **ALL** household members. Eligibility is based on total household size and total income.



List the school and ID Number (if known) of your child (ren) attending PUSD schools.



Please fill in the last four (4) digits of your social security number. If you do not have one, please check the box that says, "I do not have a Social Security number."



Return the original **SIGNED** meal application to your child's school office (faxes or copies are not accepted).



OR mail (application only) to: PUSD Food and Nutrition Department, 12225 Kirkham Road, Suite 100, Poway, CA 92064-3034.



Student meal benefits will begin when a **complete meal application** has been processed at the Food and Nutrition Department and communicated electronically to the school nutrition center.

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 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.

Privacy Act 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 four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or if you list a CalFresh, CalWORKs, 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.