



WILLIAM S. HART UNION HIGH SCHOOL DISTRICT

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION FOR SCHOOL YEAR 2014/15

(Complete ONE Application per Household) Return completed application to the student's school or to WSHUHSD: ATTN: Monica Kirk, 21380 Centre Pointe Pkwy, Santa Clarita, CA 91350

Table with 5 columns: Names of ALL household members, School Name for children/or indicate "NA" if child is not in school, MUST MARK X if NO INCOME, Check if currently a foster child, FOR SCHOOL USE ONLY Student ID#. Includes a table with 8 rows for household members.

Part 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES: CalFresh, FDPIR, CalWORKs, or Kin-GAP, LIST THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES THE BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3

NAME: CASE NUMBER: BENEFIT TYPE:

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CONTACT THE HOMELESS/MIGRANT LIASON AT THAT STUDENTS SCHOOL

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE TAXES). You must tell us how much and how often.

Table with 5 columns: 1. NAME, 2. GROSS INCOME (before taxes and other deductions) AND HOW OFTEN IT WAS RECEIVED. Sub-columns include Earnings from work, Welfare/Child Support, Pension/Retirement, and All other income.

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

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.

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.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Signature and Social Security Number section with fields for Signature, Printed Name, Date, Last four digits of Social Security Number, Address, Phone Number, City, State, and ZIP Code.

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Ethnicity and racial identities section with checkboxes for Hispanic/Latino, Asian, American Indian or Alaska Native, Black or African American, White, and Native Hawaiian or other Pacific Islander.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Administrative section with fields for Household Size, Household income, Eligibility (Free, Reduced, Denied, Categorical), Determining Official, and Verification Official.