School Year 2016-2017 Extera Public Schools 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.exteraschools.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 the 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
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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

Do ANY 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:**

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 the 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**
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

Total 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** ☐

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:		

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