

**San Dieguito Union High School District**  
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS**  
**OR FREE MILK FOR SCHOOL YEAR 2009 – 2010**

ONE application per household AND ONE for each foster child.

Check here if student is new to the San Dieguito Union HS District free lunch program.

**SECTION A. All Households Complete this Section**

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION		
HSHLD SIZE:	HSHLD INCOME: \$	Direct Certified as: H M R <input type="checkbox"/> EP
Direct Certified as: H M R		
Temporary Free, Expiration Date:		(45 days maximum allowed)
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits		
DETERMINING OFFICIAL	Date	2 <sup>nd</sup> Review: Date
VERIFICATION OFFICIAL	Date	

STUDENT/CHILD INFORMATION				FOOD STAMP/CAL WORKS/KIN GAP/FDPIR ONLY			
Last name	First name	School Write "none" if not in school	Grade	Write Benefit Type: ♦ Food Stamp ♦ CalWORKs ♦ Kin-GAP, ♦ FDPIR	Enter Case Number	Child/Student income or Enter "0"	FOR SCHOOL USE ONLY
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	

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

- **Foster Child Name:** \_\_\_\_\_ **Personal-Use Income:** \$ \_\_\_\_\_ /weekly/monthly/annual. (Circle)
- **If the child you are applying for is homeless, migrant, or a runaway**, check box  Homeless  Migrant  Runaway, go to Section C, sign application and contact your school.

**SECTION B. HOUSEHOLD MEMBERS AND INCOME**

List all adult household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount.

Full Name	IF NO INCOME, ENTER ZERO, "0"	Gross Earnings From Work Before Deductions, Include all jobs	Pension, Retirement, Social security	Welfare Benefits, Child Support, Alimony Payments	Any other Monthly Income	FOR SCHOOL USE ONLY: TOTAL INCOME
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$

← ENTER TOTAL HOUSEHOLD MEMBERS (The number you enter must equal the number of names in Section A and Section B)

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 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 Food Stamp, 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 READ AND COMPLETE THIS SECTION**

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 for the receipt of Federal funds, that school officials may verify the information on the application, 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	TODAY'S DATE	TELEPHONE NUMBER
PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION	Social Security Number (SSN)	<input type="checkbox"/> I DO NOT HAVE A SSN
ADDRESS	CITY	STATE 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