

☐ If you **DO NOT** wish to apply for meal benefits, check the box and **complete STEPS 1 and 4**

USE BLACK INK ONLY and PRINT NEATLY
(Instructions are on the back)

STEP 1 **LIST ONLY THE STUDENTS ATTENDING LAUSD SCHOOLS & EARLY EDUCATION CENTERS**
If more spaces are required for additional names, please attach additional sheet(s).

	Birthdate			First Name	MI	Last Name	School Name	Foster Child	Migrant, Runaway, Homeless
	M	M	D						
1									
2									
3									
4									
5									
6									

Sometimes children in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here if no income enter "0"

\$

How often?

Weekly	Bi Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case #:

ALL OTHER HOUSEHOLD MEMBERS List all household members not included in STEP 1 (including yourself and infants) even if they do not receive income. If income is received by any person listed, report the total amount from each source in whole dollars only and select the correct how often box. For members with no income from any source either leave the field blank or place a "0" under the appropriate column. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

STEP 3

Print Names of other household members			Earnings from Work				Public Assistance/Child Support/Alimony				Pensions/Retirement/All Other Income						
First Name	MI	Last Name	How often?				How often?				How often?						
			Weekly	Bi Weekly	2x Month	Monthly	Weekly	Bi Weekly	2x Month	Monthly	Weekly	Bi Weekly	2x Month	Monthly			

Total Household Members (children and adults)

Last 4 digits of Social Security number of adult signing the application OR I DO NOT have a Social Security Number (check box) ☐

Privacy Statement Located on Instruction Sheet

STEP 4 I certify that all of the information provided 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. Any deliberate misrepresentation of the information may lead to children losing benefits and may subject me to prosecution under applicable State Federal laws.

Signature of adult household member listed above

Printed name of adult signing this application

e-mail address (optional)

Form # 53211-05-2016

HOMELESS Students Contact the Homeless office at 213-202-7581

STEP 2 Do any household members (including yourself) currently participate in one of the following assistance programs?

CalWORKs/ CalFresh, TANF, or FDPIR

If yes, write the CASE # below:

Case # ALWAYS starts with a letter
DO NOT LIST EBT CARD #

If a CASE NUMBER IS ENTERED
SKIP STEP 3 AND GO TO STEP 4

Children's Race and Ethnicity Identities (optional)

Mark one or more racial identities:

- ☐ American Indian or Alaskan Native
- ☐ Black or African - American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ White

Mark one ethnic identity:

- ☐ Of Hispanic or Latino Origin
- ☐ Not of Hispanic or Latino Origin

FOR OFFICE USE ONLY
DATE REC'D.

HS

F

H INC

R

NE

REVIEWER

DATE

Today's Date

Instructions on how to fill out a meal application.

You may complete this application online at www.myschoolapps.com.

If you DO NOT wish to apply for meal benefits, check the box (I DO NOT wish to apply box ☐) and complete STEPS 1 and 4.

4 Ways to Complete a Meal Benefits Application:

Remember to sign the application and mail it back to the Food Services Division in the provided envelope OR turn it in to the Cafeteria.

1. Households receiving CalFresh, CalWORKs, or FDPIR – Complete Step 1, Step 2 and Step 4 ONLY

Step 1 – List all students attending LAUSD schools and Early Education Centers. Complete Date of Birth, First and Last names and school name; check box if foster, migrant, runaway or homeless.

Step 2 – Enter CalFresh, CalWORKs, or FDPIR case number.

Step 4 – The adult household member completing the form **MUST** sign the application, print their name and enter the date. Your address and phone numbers are optional, but are helpful if there are questions and your application cannot be processed. A social security number is not required.

2. Households with ONLY FOSTER CHILDREN – Complete Step 1 and Step 4

Step 1 – List Date of Birth, First and Last Names of all Foster Children; check the Foster child box. Enter the child's earned income if any; DO NOT include the payment received to care for the foster child, this is not considered income. Foster students can be included on the same application along with other students.

Step 4 – On an application for only foster child/ren, only the signature of the adult household member completing the form **is required**; print their name and enter the date.

3. Households with both FOSTER and OTHER STUDENTS, Complete Step 1, Step 3 and Step 4 ONLY

Step 1 – List Date of Birth, First and Last Names of both foster and other students attending LAUSD schools and Early Education Centers.

Step 3 – List all other household members (including yourself). For each household member listed, report total income for each source AND check the correct "how often box". Next enter the total number of household members **and the last 4 #s of the social security number of the person signing the form. If you do not have a SS#, check the box "I do not have a social security number"**.

Step 4 – Sign print your name on the form and enter the date.

4. Households applying based on INCOME – Complete Step 1, Step 3 and Step 4 ONLY

>>>PLEASE COMPLETE ONE APPLICATION PER HOUSEHOLD<<<

Step 1 – List Date of Birth, First and Last Names of all students attending LAUSD schools and Early Education Centers. Add the total income earned by all students listed in Step 1 and enter the TOTAL in the box below students names. If no income enter a "0".

Step 3 – List all other household members (including yourself). List income for each household member by source, check the correct how often box OR leave income box blank if no income. Next enter the total number of household members **and the last 4 #s of the social security number of the person signing the form. If you do not have a SS#, check the box "I do not have a social security number"**.

Step 4 – The adult household member signing the form **MUST be listed in Step 3. Sign, print your name on the form and enter the date.**

Print legibly. The application form will be electronically scanned.

➤ Print in block letters and use **BLACK INK**

A	N	N	A
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a	n	n	a
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➤ If you need more space, use the adjoining space ➤ If you need more lines, attach another sheet of paper with the student information

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 any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's CalFresh, CalWORKs, or FDPIR case number is provided, you must include the last 4 numbers of the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household program benefits, or in administrative claims and/or legal actions against household members.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture - Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.