

Household Application for Free and Reduced-Price School Meals

Complete one application per household. Print clearly in **BLUE** or **BLACK** ink. (Do not use a pencil).

\*\*\* For SUHSD Staff Only \*\*\*  
 Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Ref#: \_\_\_\_\_

**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** List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)  
 Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

PRINT the name of each CHILD in the Household (First, Middle Initial, Last)	Date of Birth	Enter the School Name and Grade Level		Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				Foster	Homeless	Migrant	Runaway
EXAMPLE: <i>Joseph L. Adams Jr.</i>	<i>10/7/2001</i>	<i>Sequoia HS</i>	<i>10th</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (CalFresh), TANF, or FDIPIR?  
 If NO > Skip to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)  
 Case Number: \_\_\_\_\_  
Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. CHILD INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1.	Total Child Income		How Often?			
	\$		Weekly	Bi-Weekly	2 x Month	Monthly
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0" or leave it blank. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Check the appropriate box in the "How Often" column: **Weekly, Every 2 Weeks, Twice a Month, or Monthly.**

Print the names of ALL OTHER Adult 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?			
		Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly		Weekly	Every 2 Weeks	Twice a Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Total Number of Household Members? (ALL Children + ALL Adults) \_\_\_\_\_  
 D. Last four digits of Social Security Number (SSN) from the Primary Wage Earner or Other Adult Household Member XXX - XX - \_\_\_\_ - \_\_\_\_ OR Check Box if NO SSN

**STEP 4 Contact Information and Adult Signature.**

<b>REQUIRED</b>	<b>Street Address:</b> (If Available)	<b>City:</b>	<b>State:</b> CA	<b>Zip:</b>
	<b>Daytime Phone:</b>	<b>E-Mail Address:</b>		
	<b>PRINTED Name of Adult:</b>	<b>SIGNATURE of Adult:</b>		<b>Today's Date:</b>

**OPTIONAL Children's Racial and Ethnic 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 Pacific Islander  White

**OPTIONAL Permission to Share Information with Other Programs**

If your child is eligible for free or reduced priced meals, he or she may also qualify to receive other benefits. You must give permission for us to share your child(ren)'s name and meal eligibility status with staff in charge of other school programs. Filing out an application does not automatically qualify your child(ren) to receive other benefits.

IMPORTANT: Other programs may require separate proof of your meal status qualification. If you have received a letter indicating your free or reduced price meal eligibility, keep that letter in a safe place for future reference.

**NO – I DO NOT want my child(ren)'s information shared with other school programs.**

**YES – I DO want my child(ren)'s information eligibility information shared with other school programs.: (Check below for each program you want information shared with)**

Athletics Program  Testing (SAT, IB, Fee Waivers)  Bus Passes (SamTrans Discounts)  School Events (Discounts for Prom)

**MAIL COMPLETED APPLICATION TO:**



**Sequoia UHSD  
Meal Applications  
480 James Ave  
Redwood City, CA 94062**

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 you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program 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.

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](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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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