.service member’s income made available by them or on their behalf to the household.

HOMELESS, RUNAWAY, & MIGRANT—Contact the school for details.

MEALS FOR DISABLED—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal.

WIC PARTICIPANTS—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child may be eligible for free/reduced-price meals. We encourage you to complete an Application and return for processing.

APPLYING FOR BENEFITS—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible for CalFresh, CalWORKs, Kin-GAP, or FPDR benefits, you may submit an Application at that time.

A COMPLETE HOUSEHOLD APPLICATION—The Application cannot be approved unless it contains complete eligibility information. If you do not enter a CalFresh, CalWORKs, Kin-GAP, or FPDR case number for each student (or adult household member) listed on the Application, you must complete the following:

Note: You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

Section A: The names of all children in your household, name of school or write “none” if in school, their earned income with frequency, or mark the “if no income box.” The Children’s Racial and Ethnic Identities, is voluntary to answer.

Section B: The names of all adults in the household, in the amount of income, the source and frequency of income, or mark the “if no income box” for each person listed.

Section C: Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or if the “I do not have an SSN” box is checked, the last four digits of the SSN if the person does not have an SSN.

VERIFICATION—School officials may check the information on the Application at any time during the school year. You may be asked to send information to validate your income, or current eligibility for CalFresh, CalWORKs, Kin-GAP, or FPDR benefits. For a foster child, you will be asked to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

INFORMATION STATEMENT—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKs, Kin-GAP, or FPDR case number or an EDD/FIP identifier for child when you indicate that the adult household member signing the Application does not have a SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

OVERT IDENTIFICATION—Children who receive free or reduced-price meals must be served in the same manner as children who pay full price meals, and not overtly identified.

FAIR HEARING—If you do not agree with the school’s decision regarding your Application’s eligibility determination or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: Jennifer Bledsoe, CWCLA, 5620 De Lontore Ave., L.A., CA 90028, 323-464-4063, cwclareregionaloffice@gmail.com

INCOME FOR THE SELF-EMPLOYED—Self-employed persons may use last year’s income as a basis to project their current year’s NET income, unless your current net income provides a more accurate measure. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing business income.

CALCULATING INCOME—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and group the categories. Gross Earnings from work is the amount earned before taxes and other deductions. If any current amount received was more or less than usual, write the usual or project income. Households receiving different income must annualize their income by calculating weekly by x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME ELIGIBILITY GUIDELINES (IGs)

Household Size Annual Monthly Twice Per Month Every Two Weeks Weekly
1 $21,257 $1,772 $886 $818 $409
2 28,694 2,392 1,196 1,104 552
3 36,131 3,011 1,506 1,309 695
4 45,568 3,631 1,816 1,676 838
5 54,995 4,202 2,101 1,982 981
6 64,422 4,871 2,436 2,248 1,124
7 65,879 5,490 2,745 2,534 1,267
8 73,316 6,110 3,055 2,880 1,420

Household member added $7,437 $620 $310 $287 $144

NON-DISCRIMINATION STATEMENT—This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Toll free). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish).”

Do you Need Assistance completing the Application or have questions? Please contact:
For CWC Silverlake: Jenifer Lim 323-462-2840
For CWC Hollywood: Rosalyn Sverey 323-464-4292
For CWC Mar Vista: Jackie Raymundo 323-464-4292

You will be notified by the school when your Application has been approved or denied for free or reduced-price meals.
### SECTION A. CHILDREN INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>SCHOOL (Write &quot;NONE&quot; if not in school)</th>
<th>GRADE</th>
<th>Date of Birth (Optional)</th>
<th>Racial and Ethnic Identities: (Optional)</th>
<th>MARK &quot;X&quot; If Foster Child</th>
<th>Mark &quot;X&quot; If No Income</th>
<th>Child's Personal Earned Income</th>
<th>Source of Income (Work)?</th>
<th>Paid How Often? (Circle)</th>
<th>ENTER Benefit Type: CalFresh, CalWORKS, Kin-GAP, FDPIR</th>
<th>ENTER Benefit Case Number</th>
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If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R

Households submitting an application with a Benefit Case Number for CalFresh/CalWORKS for EACH child or an Adult household member, please skip to Section C and complete.

### SECTION B. ALL OTHER HOUSEHOLD MEMBERS

**Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes:**
- W=Weekly
- E=Every 2 Weeks
- T=Twice a Month
- M=Monthly
- Y=Yearly

If No Income, YOU MUST Mark the "No Income box." DO NOT Leave Blank.

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<tr>
<td>Example: Richard, Larath</td>
<td>$199.98</td>
<td>$141.65</td>
<td>$99.99</td>
<td>Rental Income</td>
<td>$550.00</td>
<td>$</td>
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### SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

**Education Code 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.

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in given in connection with the receipt of federal funds that school officials may verify the information at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form

Signature of adult household member completing this form

Date

Last 4 digits of Social Security Number (SSN)

Federal Information Statement on letter to households

I do not have a SSN.

Street Address, Apt #, etc.

City

State

Zip

Home Phone Number

Cell Phone Number

E-mail Address

DO NOT Write Below This Line-For School Use Only:

Free based on:
- CalFRESH
- CalWORKS
- Kin-GAP
- FDPIR
- Direct Certification

- Direct Certified as: H M R
- Household Income
- Zero Income
- Foster Child Only

- Income Too High
- Incomplete

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

The USDA and the CDE are equal opportunity providers and employers

Determined Official's Signature & Date

Confirming Official's Signature & Date

Verification Official's Signature & Date

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