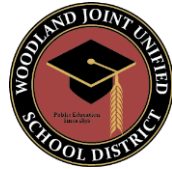


WOODLAND JOINT UNIFIED SCHOOL DISTRICT

"Excellence for All"

Board of Trustees

Elaine Lytle, President
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Food Services

Spencer Springer, Director
902 College Street
Woodland, CA 95695
(530) 406-5955 Fax # (530)406-5959

District Website: www.wjUSD.org

Dr. Maria Armstrong, Superintendent

Woodland Joint Unified School District 2015-2016

Letter to households about the National School Lunch and the School Breakfast programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Woodland Joint Unified School District** offers healthy meals every school day. Students may buy lunch for **2.50/3.00** and/or breakfast for **1.50/1.75**. Eligible students may receive meals free or at a reduced-price of **.40 cents** for lunch and/or **.30 cents** breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.

Below are some common questions and answers to help determine your child's meal program eligibility.

1. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD? No. **Use only one *Application for Free and Reduced-Price Meals* for all students in your household.** We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school.
2. WHO CAN RECEIVE FREE MEALS? All children in households receiving benefits from CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance and Payment (Kin-GAP) program can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the federal Income Eligibility Guidelines.



If you have received a NOTICE of DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** you received.

3. CAN FOSTER CHILDREN RECEIVE FREE MEALS? Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals, but their meal eligibility is not extended to other nonfoster children living in the same household. Households with foster/nonfoster children are encouraged to complete an application since foster children may be counted as a household member, which may help the foster family's nonfoster children qualify for free or reduced-price meals based on the household size and income.

4. CAN HOMELESS, RUNAWAY, HEAD START, AND MIGRANT CHILDREN RECEIVE FREE MEALS? Yes, children who meet the definition of homeless, runaway, Head Start, or migrant are eligible for free meals. If you believe that the children in your household meet these descriptions and you have not been told your children will receive free meals, please call or e-mail the Woodland Joint Unified School District Homeless Liaison.
5. WHO CAN RECEIVE REDUCED-PRICE MEALS? Your children can receive reduced-price meals if your household income is within the reduced-price limits on the Income Eligibility Guidelines chart, shown on the last page of the application packet.
6. SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR STATING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow its instructions. Call the Food Service Office (530-406-5955) if you have any questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A NEW ONE? Yes, if you want to participate in the meal program. Your child's application is only good for that school year and for the first few days of this school year. A new application is needed, unless the school told you that your child is eligible for free/reduced-price meals for the new school year. (continued on next page)
8. I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS; CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please send in an application.
9. WILL THE INFORMATION I PROVIDE BE CHECKED? Yes. We may also ask you to send in written proof of your income and the interval in which you receive it.
10. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the free/reduced-price income limit(s).
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Assistant Superintendent, Business Services, 435 6th Street, Woodland, CA 95695 530-406-3220**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example: people who you do not support financially, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made only \$900, state on the application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you receive an off-base housing allowance, you must include it as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME IN OUR HOUSEHOLD? No. If the combat pay is received in addition to basic pay because of their deployment and it was not received before they were deployed, do not include combat pay as income.
17. MY FAMILY NEEDS ADDITIONAL FINANCIAL ASSISTANCE AND/OR RESOURCES ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for CalFresh or other program assistance benefits, contact your local assistance office or call **CalFresh Program Toll Free 1-877-847-3663 (FOOD)**

If you have any other questions or need help, call **(530) 406-5955**

Sincerely,

Spencer Springer

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. If you are submitting an income-based application, 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 are not required when you apply on behalf of a foster child; list a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact the USDA through the federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). The USDA and the CDE are equal opportunity providers and employers.

(continued on next page)

INSTRUCTIONS FOR APPLYING FOR THE NATIONAL SCHOOL LUNCH PROGRAM

NOTE: A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) receiving CalFresh, CalWORKs, FDPIR, or KIN-GAP benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn in the form to **your child's** school.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR KIN-GAP BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start, or a runaway check the appropriate box and call **Woodland Joint Unified School District Homeless Liaison**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you did not complete Part 3.

Part 5: Answer this question if you choose.

Turn in the form to **your child's** school.

IF YOU ARE APPLYING ON BEHALF OF A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- If **all** children in the household are foster children:
 - Part 1:** List all foster children and the school name for each child. Check the box to indicate each foster child.
 - Part 2:** Skip this part.
 - Part 3:** Skip this part.
 - Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
 - Part 5:** Answer this question if you choose.

Turn in the form to **your child's** school.

- If **some** of the children in the household are foster children:
 - Part 1:** List all household members and the name of each child's school (if known). For any person receiving no income, including children, you must check the "No Income" box. Check the box to indicate each foster child. If any child you are applying for is homeless, migrant, in Head Start, or a runaway check the appropriate box. If you have questions call your school.
 - Part 2:** Skip this part.
 - Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
 - Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).
 - Part 5:** Answer this question if you choose.

Turn in the form to **your child's** school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). For any person receiving no income, including children, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child, or a runaway check the appropriate box.

Part 2: Skip this part.

(Continued on next page)

Part 3: Follow these instructions to report total household income from this month or last month.

- **Name:** List all household members **with** income.
- **Gross income and how often it is received:** For each household member with income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
 - **Earnings from work before deductions:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned **before** taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you.
 - **Income received from welfare, child support, or alimony:** List the amount each person received.
 - **Income received from Social Security, Supplemental Security Income, veteran's benefits, retirement benefits, or disability benefits:** List the amount each person received.
 - **All other income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, federal education, and foster payments received by the family from the placing agency. For self-employed persons **only**, under **Earnings from Work**, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).

Part 5: Answer this question if you choose.

Turn in the form to **your child's school**.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines

July 1, 2015 – June 30, 2016

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

WOODLAND JOINT UNIFIED SCHOOL DISTRICT 2015-2016

Application for Free and Reduced-Price Meals

*****PLEASE USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES*****

(Complete ONE Application per Household-BOTH SIDES)

Part 1. ALL HOUSEHOLD MEMBERS							
List the names of all household members.							
Full name (First, middle Initial, last)	Name of each child's school (Indicate "N/A" if not in school)	Mark "X" below if child is a foster child, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster child, homeless, runaway, migrant, or in Head Start, skip to Part 5.					Mark "X" in the box below for each child with NO earned income.
		Foster	Homeless	Migrant	Runaway	Head Start	
Part 2. BENEFITS							
If any member of your household receives CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance Payment (Kin-GAP) program benefits, provide their name and case number below and skip to Part 4. If no one receives these benefits, skip to Part 3.							
Full name of household member	Check one				Enter benefit case number (Not EBT card number)		
1.	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP						
2.	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP						
3.	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP						

4.	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP
5.	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR <input type="checkbox"/> Kin-GAP

Part 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)

List all income on the same line as the person who receives it. Mark "X" in the column for how often it is received. Record each income only once.

Enter gross income (total amount before taxes or deductions) and how often it is received.																																									
Full Name (List only household members receiving income)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Work earnings (before deductions)</th> <th style="width:12.5%;">Welfare, child support, alimony</th> <th style="width:12.5%;">Supplemental Security Income, Social Security, veteran or disability benefits</th> <th style="width:12.5%;">All other income (such as unemployment benefits)</th> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> </table>	Work earnings (before deductions)	Welfare, child support, alimony	Supplemental Security Income, Social Security, veteran or disability benefits	All other income (such as unemployment benefits)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Weekly	Every Two Weeks	Twice Monthly	Monthly					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Weekly	Every Two Weeks	Twice Monthly	Monthly					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Weekly	Every Two Weeks	Twice Monthly	Monthly					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Weekly</th> <th style="width:25%;">Every Two Weeks</th> <th style="width:25%;">Twice Monthly</th> <th style="width:25%;">Monthly</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Weekly	Every Two Weeks	Twice Monthly	Monthly				
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Part 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (MUST BE SIGNED BY AN ADULT)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

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, tickets, or serving lines; separate entrances or dining areas; or by any other means.

I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide.

I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

I understand my child's eligibility status may be shared as allowed by law.

Printed Name of Adult:	Signature of Adult:	Date:
Address:	City:	State: ZIP:
Phone Number:	E-mail Address:	
Last four digits of Social Security Number: XXX-XX- ____ ____ ____	<input type="checkbox"/> I do not have a Social Security Number.	

Part 5. ETHNIC AND RACIAL IDENTITY (OPTIONAL)

Child's full name	Check one	Check one or more (regardless of ethnicity)
1.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
2.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
3.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
4.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
5.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Annual Income: Weekly x 52, Every Two Weeks x 26, Twice A Month x 24; Monthly x 12

Household size: _____ Household Total Income: _____ Per: Week Every Two Weeks Twice A Month Month Year

Application Approved as:

Free based on:

CalFresh

CalWORKs

FDPIR

Kin-GAP

Reduced-price based on:

Household Income

Application Denied based on:

Income too high

Application Incomplete

Determining Official's Signature: _____ Date: _____

Directly Certified as: Homeless Migrant Runaway Head Start

Household Income

Confirming Official's Signature: _____ Date: _____

Zero Income

Foster Child Only

Verifying Official's Signature: _____ Date: _____

