

STEP 1 List ALL IUSD STUDENTS up to and including grade 12 (if more spaces are required for additional names, attach another

Child's First Name	MI	Child's Last Name	Birthdate (MM/DD/YY)	IUSD School Name	Grade	Foster Child	Homeless, Migrant, Runaway
						<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"/>

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. Read Step 1 on the reverse side for more information.

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR? If NO, go to STEP 3.

If YES > Write a case number here: **Case Number:** _____ then go to STEP 4 (Do not complete Step 3)

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)

Are you unsure what income to include here?
 Flip the page and review the charts titled "Sources of Income" for more information.
 The "Sources of Child Income" chart will help you with the Child Income section.
 The "Sources of Adult Income" chart will help you with the All Household Members section.

A. Child Income
 Sometimes Children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income \$ _____ How Often? Weekly Bi-Weekly 2x Monthly

B. All Household Members (including yourself)
 List all Adult and Child Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members (First and Last)	Gross Earnings from Work (before taxes)	How often?				Public Assistance / Child Support / Alimony	How often?				Pensions / Retirement / All Other Income	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 four digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXXX XX _____ Check if no SSN

STEP 4 Contact Information and adult signature Return completed form to IUSD Nutrition Services Office, 3387 Barranca Parkway, Irvine, CA 92606

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address _____ City _____ State _____ Zip _____ Daytime Phone / Email _____

Signature of adult completing form (Required) **X** _____ Printed name of adult completing form _____ Date _____

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 all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other

California Education Code Section 49577(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."

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in IUSD. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact IUSD Nutrition Services at 949-936-6520 or nutrition@iUSD.org.

STEP 1: LIST ALL IUSD STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many school students live in your household. They do NOT have to be related to you to be a part of your household. When filling out this section, please include ALL members in your household who are:
 1. Children age 18 or under AND are supported with the household's income; 2. In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; 3. Students attending IUSD, regardless of age.

A) List each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Enter the child's birthdate.	D) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to STEP 3.	E) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals: <ul style="list-style-type: none"> ● The Supplemental Nutrition Assistance Program (SNAP) or CalFresh ● Temporary Assistance for Needy Families (TANF) or CalWORKS ● The Food Distribution Program on Indian Reservations (FDPIR) 	A) If no one in your household participates in any of the listed programs, leave STEP 2 and go to STEP 3. If anyone in your household participates in any of the listed programs: <ul style="list-style-type: none"> ● Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you do not know your case number, contact the California Department of Social Services at www.cdss.ca.gov ● Go to STEP 4. Do not complete STEP 3.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Use the charts titled "Sources of Adult Income" and "Sources of Child Income" below to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amount taken from your pay.
- Any income fields left empty or blank will be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

3.A REPORT INCOME EARNED BY CHILDREN

Report all income earned or received by children. Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

3.B REPORT INCOME EARNED BY ADULTS

When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. **Do NOT include:**

- * People who live with you but are not supported by your household's income AND do not contribute income to your household.
- * Infants, children, and students already listed in STEP 1.

A) List adult household members' names. Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u>	B) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business, you will report your net income. This is calculated by subtracting the total operation expenses of your business from its gross revenue.	C) Report all income from public assistance/child support/alimony. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.	D) Report all income from pensions/retirement/all other income. Report all income that applies.	E) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	F) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."
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	Income Types	Examples		Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / Other Income
Sources of Child Income	Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Sources of Adult Income	- Salary, wages, cash bonuses - Net income from self-employment U.S. Military: - Basic pay & cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - State / Federal cash assistance - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security - Private Pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside source
	Social Security	- A child is blind or disabled and receives Social Security Benefits - A parent is disabled, retired, or deceased, and their child receives Benefits				
	Income from any other source	- A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust				

STEP 4: All applications must be signed by an adult member of the household. This application may be returned to your student's school or the Nutrition Services Office, 3387 Barranca Pkwy.

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, religious creed, disability, age, political beliefs, 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: 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; or email: program.intake@usda.gov.
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