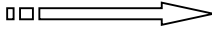
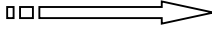
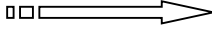
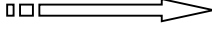


Etiwanda School District  
**APPLICATION FOR FREE AND REDUCED PRICE MEALS  
FOR SCHOOL YEAR 2018-2019**

Please complete the application on the reverse, sign the application, and return it to the Child Nutrition Office at 12999 Victoria St., Etiwanda, 91739. For additional instructions, refer to the **Letter to Households** booklet accompanying this form. This application cannot be processed without the following information.

-  The legal name of the child or children for whom you are applying for free or reduced-price benefits
-  The names and income of all other household members
-  The signature of the child's or children's parent or guardian
-  The last four digits of the Social Security Number of the person who signed the application. If the person signing the application does not have a Social Security number, mark the "I do not have a Social Security Number" box.

**ALL HOUSEHOLDS - READ THE FOLLOWING 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 by any other means.

**PRIVACY ACT STATEMENT:** This explains how we will use the information you give us.

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. 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, or FDPIR case number or other FDPIR identifier for your child; or indicated 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.

**NON-DISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

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, audiotope, 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:

- (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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**ELIGIBILITY FOR FREE/REDUCED MEALS:**

Free and Reduced price Meal Applications for the school year 2018-2019 are now available online at [www.ESDChildNutrition.com](http://www.ESDChildNutrition.com) or [EZMealApp.com](http://EZMealApp.com). Paper applications will also be available at all school sites, district office and at the Child Nutrition Office. **Students with meal eligibility in 2017-2018 who do not have an application processed and on file by Tuesday, September 18, 2018 will automatically go to full pay on Wednesday, September 19th, 2018.** All Kindergarten students and new students are full pay until they have an application processed and on file. **Please send money or a lunch with your student as you are responsible for lunch fees incurred until you have received notification from our department.** **Please retain the letter of eligibility for your records.**

# School Year 2018-2019 Etiwanda School District Application for Free and Reduced-Price Meals

Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at [www.ESDChildNutrition.com](http://www.ESDChildNutrition.com). This institution is an equal opportunity provider.

**California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school year. 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 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of <b>EACH STUDENT</b> in <i>grades K-8</i> (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>				
	EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

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

If **NO**, skip STEP 2 and complete STEP 3.

If <b>YES</b> , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
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## STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly		Total Student Income	How Often			
		\$				
<b>B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):</b> List ALL household members not listed in STEP 1 <b>even if they do not receive income</b> . For each household member, report the 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. Report all income earned before taxes and deductions. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly						
Enter the name of ALL OTHER 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
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
Total Household Members (Children and Adults)	Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member		Check the box if NO SSN <input type="checkbox"/>			

## STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: "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."

Signature of adult completing this form:		
Print Name:		
Today's Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		

Incomplete applications will be returned – delaying processing.

DO NOT COMPLETE. SCHOOL USE ONLY	
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
Determining Official's Signature:	Date:



## OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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 other Pacific Islander  White

Mail or hand deliver **complete** applications to: ESD Child Nutrition – 12999 Victoria St. – Etiwanda, CA. 91739