

School Year 2016-2017 Camino School Application for Free and Reduced-Price Meals with CalFresh Option Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. 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 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 – 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 EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				Foster Child	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<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 FDPIR

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 YES , 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"/> FDPIR	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)

A. STUDENT INCOME: 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. 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 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/ Child Support/Alimony	How Often	Pensions/Retirement SSI/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 Check the box if NO SSN

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:		

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Household Size <input type="text"/> <input type="text"/>	Approved: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Denied Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying 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

**PARENTAL OR GUARDIAN CONSENT TO RELEASE
HOUSEHOLD MEAL APPLICATION TO THE CALFRESH PROGRAM**

Dear Parent/Guardian:

Your participation in the Free and Reduced-Price (F/RP) school meal program means your family could be eligible for the CalFresh food assistance program. CalFresh provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. By signing this form, you consent to allow the Camino Union School District to share the information you provided on your F/RP school meal application with the El Dorado County CalFresh Office (CalFresh Office) that is responsible for determining eligibility (benefits) for the CalFresh program. Or if you prefer to apply directly and not exchange this information, you may call the CalFresh program at 1-877-847-3663 or apply online at <http://www.calfresh.ca.gov>.

Please note, your participation in the CalFresh program is voluntary. Failure to sign this consent form will not affect your child's eligibility or participation in the district's F/RP school meal program.

Please check the box above if you want to apply for CalFresh benefits for your family.

Yes! I want the District to share information from my F/RP school meal application with the CalFresh Office to determine if my family is eligible for CalFresh benefits. I realize that the information provided will be shared only with the CalFresh Office.

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

By signing this consent form, I voluntarily consent to let the District share the information on my F/RP school meal application with the CalFresh Office, and I acknowledge that I have read and understood all the information on this form.

Also, by consenting to this process, I understand that the CalFresh Office will provide me with a CalFresh application to determine CalFresh eligibility.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Address: _____

Phone: _____ e-mail: _____

If you have any questions about this form or this process, you may contact Tina Constancio, Business Services, at 530-644-4552 ext 268 or by e-mail at tconstancio@caminoschool.org.