

# Fairfield-Suisun Unified School District 2019-20 Application for Free or Reduced-Price Meals

Complete one application per household. Follow the instructions on the backside and print with pen. Results are mailed within 10 business days.

Return to: Child Nutrition Services: 2490 Hilborn Road, Fairfield, CA, 94534. Self addressed stamped envelope provided.

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. *This institution is an equal opportunity provider.*

## STEP 1 – ENTER FSUSD STUDENT INFORMATION and continue to STEP 2

Last Name	First Name	School Name	Date of Birth	Check the applicable box if the student is:			
				Foster	Homeless	Migrant Ed Program	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: Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR?

If YES, check the applicable program box, enter one case number, and continue to STEP 5. If NO, skip and continue to STEP 3.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Case Number: (CalFresh # on EBT card below name)
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## STEP 3 – ENTER OTHER CHILDREN (UNDER 18) IN THE HOUSEHOLD and continue to STEP 4.

Last Name	First Name

## STEP 4 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS & SOCIAL SECURITY NUMBER

(Skip this step if you answered 'YES' in STEP 2)

**A. CHILD INCOME:** Enter the **TOTAL GROSS income (before taxes)** earned by all children listed in STEP 1 and 3. Enter the pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Total Child Income: \$	How Often:
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**B. ALL ADULT HOUSEHOLD MEMBERS (including yourself):** For each adult household member, report the current **TOTAL GROSS income (before taxes)**. If the household member does not receive income, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) there is no income to report.

Enter the pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Last Name	First Name	Income from Work	How Often	Public Assistance, SSI, Child Support, Alimony	How Often	Pensions, Retirement, All Other Income	How Often
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	

<b>C. Total Household Members</b> (Children and Adults)	<input style="width: 40px; height: 20px;" type="text"/>	<b>D. Last 4 digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Check the box if NO SSN <input type="checkbox"/>
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## STEP 5 – CONTACT INFORMATION & 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 application:

Print Name:

Date:

Phone Number:

Mailing Address:

City:

State:

Zip:

### OPTIONAL – Children's Ethnic and Racial Identities

Ethnicity (check one):

- Hispanic or Latino     Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native     White  
 Black or African American     Asian  
 Native Hawaiian or other Pacific Islander