2015-16 Ross Valley School District Application for Free and Reduced-Price Meals Complete one application per household.

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."

SIEP1 List ALL	Household Members wh	no are infants, cl	hildren, and students ι	ip to and including grad	de 12 (if more spa	ice is required for add	ditional names, attach anotl	her sheet of paper)
Definition of Household Member : "Anyone who is living with you and shares	Child's First Name		MI Child's Last Na	ime		Student? Yes No	Homeless, Migrant, Foster Runaway, Child Head Start	Kin-GAP Case Number
income and expenses,								
even if not related." Children in foster care ,								
Head Start, or Kin-GAP and children who meet the								
definition of homeless,								
migrant, or runaway are eligible for free meals. Read						be the second se		
How to Apply for Free and Reduced-Price School								
Meals for more information.								
STEP 2 Do any H	Household Members (inc	cluding yoursel	f) currently participate	e in one or more of the	following assist	tance programs?		
If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3) CalFresh CalWORKs FDPIR Case Number:								
If NO > Complete STEP 3								
STEP 3 Report I	ncome for ALL House	hold Members	(Skip this step if you ans)	wered 'Yes' to STEP 2)			Llauration O	
Disease mand literat	A. Child Income Sometimes children in the house	ehold earn income. Ple	ease include the TOTAL income	earned by all Household Membe	ers listed in STEP 1 her	Total re. Child income	How often? Weekly Bi-Weekly 2x Month Mor	thly
Please read How to Apply for Free						\$		$\overline{)}$
and Reduced-Price School Meals for more	B. All Adult Household Mer List all household members not I		•	ot receive income. For each ho	usehold member listed		e, report total income for each so	∠ Irce in whole dollars
information.	only. If they do not receive incom			ny fields blank, you are certifying		is no income to report.		
The Sources of Income for Children	Name of Adult Household Members	(First and Last)			lic Assistance/	How often? kly Bi-Weekly 2x Month Monthly	Pensions/Retirement/	How often? eekly Bi-Weekly 2x Month Monthly
section will help	Name of Addit Household Members	(Trist and Last)	Earnings from Work Weekly Bi-		d Support/Alimony Wee		\$ All Other Income	\frown \bigcirc \bigcirc
you with the Child Income question. The		\$						
Sources of Income for Adults section		,						$\underline{)}$
will help you with the All		\$		$\bigcirc \bigcirc \bigcirc \bigcirc$) 0 0 0	\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$
Adult Household Members section.		\$		$\bigcirc \bigcirc \bigcirc \bigcirc$) 0 0 0	\$	0000
		\$		<u> </u>		$) \cap \cap \cap$	\$	$\bigcirc \bigcirc $
	Total Household Mem			cial Security number (SSN) of	XXXX	X	Check box if no SSN —>	
(From STEP 1 and STEP 3) Primary Wage Earner or Other Adult Household A A A C Check box if no SSN -> Check box if								
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."								
				,				
Street Address (if available)	Apt # City		State Zip Day	time Phone and/or E-mail (optic	nal) Printed Name of	Adult Completing this Fo	orm Signature of Adult Complet	ing this Form Today's Date
OPTIONALChildren's Racial and Ethnic IdentitiesThe USDA and the CDE are equal opportunity providers and employers.								
	tion about your children's race and eth							
Ethnicity (check one):	lispanic or Latino 🗌 Not Hispani	ic or Latino Race (check one or more):	Asian 🖾 American Indian or	Alaska Native 🔲 Bla	ack or African American	Native Hawaiian or other F	Pacific Islander White
		DO NOT COM	PLETE THE INFORM	ATION BELOW. IT IS				
			low often?	Approved as:		Verifie		Incomplete
Total Household Mem	bers	old Income Weekly Bi-We	ekly 2x Month Monthly				lomeless	t
(From STEP 1 and STEP 3) Annual Income Conversion Annual Income Conversion								
	Weekly x52 Bi-\		Per Month x24 Monthly x12	Reason:			unaway	
Determining Official Date			Confirming Official	I	Date	Verifying Official		Date
						, , ,		