

2020-2021 Brentwood Union 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. Apply online at <https://brentwood-ca.schoolloop.com/foods>

This institute is an Equal Opportunity Provider

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."

STEP 1 List ALL Household Members who are infants, children, and students up to grade 12 (if more space is required for additional names, attach another sheet of paper)

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 **How to Apply for Free and Reduced-Price School Meals** for more information.

Students/Children First & Last Name	BUSD Student?		School Name & Grade	Student School I.D. #	Court Appointed Foster Child			
	Yes	No			Homeless	Migrant	Runaway	Homeless
	<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"/>	<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"/>

Check all that apply

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following THREE Assistance Programs?

If **YES** > Check the applicable program box, enter acceptable **CASE NUMBER**, and then go to STEP 4 (Do not complete STEP 3) CalFresh CalWORKs FDPIR **Case Number:** _____
 If **NO** > Skip Step 2 and Complete STEP 3 (Call your local agency if you do not know case number)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced-Price School Meals** for more information.
 The **Sources of Income for Children** section will help you with the **Child Income** question.
 The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income - Sometimes children in the household earn income. Enter the **TOTAL GROSS** income (before deductions) earned by all children listed in STEP 1 here. Total Child income: \$ _____

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

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?				Public Assistance, SSI Child Support/Alimony	How Often?				Pensions, Retirement, S.S All Other Income	How Often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (From STEP 1 and STEP 3) Last Four Digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household Check box if NO SSN

STEP 4 Contact Information and Adult Signature * Return completed form to: B.U.S.D. Child Nutrition Services, 255 Guthrie Lane, Brentwood, CA. 94513

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."

Mailing Address / Apt. # _____ City _____ State _____ ZIP _____ Daytime Phone _____ E-mail Address _____ Printed Name of Adult Completing this Form _____ Signature of Adult Completing this 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 one or more):** Asian American Indian or Alaskan Native Black or African American Native Hawaiian or other Pacific White

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Total Household Members (From STEP 1 and STEP 3) Total Household Income \$ _____

Annual Income Conversion: Weekly x 52 | Biweekly x 26 | Twice Per Month x 24 | Monthly x12

Approved as: Free - Categorical D.C. DATE: _____
 Reduced-Price
 PAID (Denied)

Verified as: Foster Incomplete
 Homeless Error Prone
 Migrant
 Runaway

Determining Official: _____ Date: _____ Confirming Official: _____ Date: _____ Verifying Official: _____ Date: _____