

MT. DIABLO UNIFIED SCHOOL DISTRICT APPLICATION FOR FREE AND REDUCED PRICE MEALS 2011-2012 School Year

COMPLETE ONE APPLICATION PER HOUSEHOLD

OFFICE USE ONLY — FID # _____
2nd App

STEP 1 CHILDREN'S INFORMATION:

Student/Child Information: Print neatly the names of ALL the children under the age of 21 in your household whether or not they attend school. Must use child's legal name.

STUDENT ID#	CHILD(REN)'S LEGAL LAST NAME	CHILD(REN)'S LEGAL FIRST NAME	SCHOOL (Write "N/A" if not in school)	GRADE	BIRTH DATE (OPTIONAL) M / M / Y	LIST CASE # FOR EACH CHILD, if receiving Food Stamps, CalWORKs, Kin-GAP, or FDIPIR benefits. (Circle which Program)
1						Case #
2						Case #
3						Case #
4						Case #
5						Case #
6						Case #
7						Case #

If Foster Child, check box.
Complete one application for each foster child.
If this application is for a child who is the legal responsibility of a welfare agency or court, check the box and list the amount of the child's personal use monthly income. \$ _____

List child's monthly income from full-time or regular part-time employment, SSI or adoption assistance.

If you entered a Food Stamps, CalWORKs, Kin-GAP, or FDIPIR case number for each school age child in **STEP 1** or if this application is for a FOSTER CHILD and you entered his/her monthly income, skip to **STEP 3**

STEP 2 ADULT HOUSEHOLD MEMBERS: List all adult household members, age 21 and older, whether or not they have an income.

Report all gross income earned (before taxes and deductions) and how often it is received. Indicate Income Pay Period by Filling in the appropriate circle: (W) = Weekly, (2W) = Every Other Week, (2M) = Twice a Month, (M) = Monthly

Last Name, First Name	Check if NO Income	Gross Earnings from primary work (all jobs before deductions)		Pension, Retirement, Social Security		Welfare Benefits, (exclude Food Stamps) Child Support, Alimony		All other Income or Earnings	
		INCOME:	How Often?	INCOME:	How Often?	INCOME:	How Often?	INCOME:	How Often?
1 Signer	<input type="checkbox"/>	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)
2	<input type="checkbox"/>	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)
3	<input type="checkbox"/>	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)
4	<input type="checkbox"/>	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)
5	<input type="checkbox"/>	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)	\$ \$ \$	(W) (2W) (M)

STEP 3 ADDRESS, SSN, AND SIGNATURE:

SIGNER'S NAME _____
Mailing Address _____ Apt. # _____
City _____ Zip Code _____
Daytime Telephone Number () _____
I do not have a Social Security Number

SIGNATURE: I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: The adult who completed this application must sign and include the last 4 digits of their Social Security Number. A Social Security Number is not required on Food Stamps, or Foster Child applications. If you DO NOT have a Social Security Number, mark an X in the circle provided (see Privacy Act Statement on the attached letter).
Last 4 digits of Social Security Number of Adult Signing This Form _____

Signature of Adult Household Member Completing This Form _____
Date Signed: MM DD YY
Signature Required

RACIAL IDENTITY (Optional) — Please mark one or more:
 Asian White Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Other Hispanic or Latino Not Hispanic or Latino

ETHNIC IDENTITY (Optional) — Please mark one:
 Hispanic or Latino Not Hispanic or Latino