

COTATI-ROHNERT PARK UNIFIED SCHOOL DISTRICT - FOOD SERVICES
5154 SNYDER LANE, ROHNERT PARK, CA 94928

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR 2009-2010**

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKs, KIN-GAP, OR FDIPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME

SECTION C. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER ()	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

2. Mark one ethnic identity:

- Of Hispanic or Latino origin
 Not of Hispanic or Latino origin

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION

- Free
 Reduced
 Denied
 Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDIPIR Benefits

Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination): Direct Certified as: H M R EP

Year Round Track: Household Size: Household Income:

Determining Official: Date: 2nd Review – Official: Date:

Verification Official: Date: Follow up: