## School Year 2017–2018 Mountain View School District Application for Free and Reduced-Price Meals

Apply online at **EZMealApp.com** 

provider. 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. Complete one application per household. Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at EZMealApp.com. This institution is an equal opportunity

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Print the name of EACH STUDENT  First And-the last in the name of EACH STUDENT  Print the name of EACH STUDENT  Enter school name and	Tuon of Homeless, Migran	t, or Runaway are eligible for fr	name and	als.	Enter stude	Enter student's birthdate	Check	Check the applicable box if the student is	box if the stud	ent is
EXAMPLE: Joseph P Adams		Lincoln Elementary	ntary	1st	124	12-15-2010	Foster	er Homeless Migrant Ru	Migrant	Runaway
			==	- •		Щ				
			= 1							
STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, ör FDPIR Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If NO, skip STEP 2 and continue to STEF	VORKs, or FDPIR articipate in Calfresh, CalW	ORKs or FDPIR? If N	O. skip STEP 2 and	d continue	to STEP 3.		STEP 4 - CONTACT INFORMATION & ADULT SIGNATURE	ACT INFORMA	TION & ADU	LT SIGNATURE
If YES, check the applicable program box, enter one case	e Select Program Type:	Type:	Ente	Enter Case Number:	ber:		Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand	tify (promise) to and that all inc	hat all informa	tion on this d. I understand
							that this information is given in connection with the receipt of	ion is given in c	onnection with	the receipt of
STEP 3 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)  A. STUDENT INCOME: Sametimes students in the household earn income Enter the TOTAL GEORG Income (Income)	MEMBERS (Skip this ste	p if you answered	YES' in STEP 2				rederal runds, and that school officials may verify (check) the information. I am aware that if I purposely give false information	aware that if I j	icials may veri ourposely give	ty (check) the false Information
deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly 2W = Riveekly 2M = Twice a Month, M = North, V = Youth	d in STEP 1. Enter the appr	opriate pay period i	n the "How	S 100	- Constitution	now Otten	my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.	ose meal benef state and federa	its, and I may I al laws.	be prosecuted
B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For a household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive	elf): List ALL household me pefore deductions) In whole	mbers not listed in S dollars for each so	TEP 1, even if the urce. If the house	ey do not r	eceive income. For each	r each	Signature of adult completing this application:	It completing t	his application	
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. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	eave any fields blank, you : ox: W = Weekly, 2W = Blw	are certifying (promi eekly, 2M = Twice a	sing) that there it Month, M = Mo	nthly, Y = Y	e to report.		Print Name:			
(First and Last)	Earnings from Work	Often Child Su	Public Assistance/SSI/ Child Support/Alimony	Often P	Pensions/Retirement/ All Other Income	nt/ How Often	Date:	Phone	Phone Number:	4
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C. Total Household Members D. Enter (Children and Adults) the Prime	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	i Security number ( Adult Household Ma	SSN) from ember		Check the t	Check the box if	r-than:			
DO NOT COI	DO NOT COMPLETE. SCHOOL USE ONLY	ONLY			OBTIONAL			1 1		
How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly	☐ Monthly ☐ Yearly		Total Household Income		We are requir	red to ask for info	We are required to ask for information about your children's race and ethnicity. This	our children's ra	ce and ethnici	ć đ
Annual income Conversion: Weekly x52, Blweekly x26, Twice a Month x24, Monthly x12	wice a Month x24, Month				information is	important and h	information is important and helps to make sure we are fully serving our community.	e we are fully se	erving our com	munity.
atus: 🗆 Free	☐ Reduced-price ☐ Paid (Denied)	nied) 🔲 🗆 Categorical	gorical		Responding to	o this section is o	Responding to this section is optional and does not affect your children's eligibility for free	not affect your	children's eligi	bility for free
:	☐ Migrant ☐ Runaway	☐ Error Prone	r Prone		or reduced-price medis.	ice medis.	Ethnicity (check one):	eck one):		
Determining Official's Signature:			Date:			] Hispanic or Latino		Not H	Not Hispanic or Latino	õ
Confirming Official's Signature:			Date:		]		Race (check one or more):	e or more):		4
Verifying Official's Signature:			Date:		□ Native Ha	Native Hawaiian or other Pacific Islander	ander	ASIBN	White	n American