Encinitas Union School District 2022 - 2023 Application for Free and Reduced Price Meals - Complete one application per household. Please print and use a pen (not a pencil). You may also apply online at https://schoolcafe.com. This institution is an equal opportunity provider.

STEP 1 — All Children in the Household       Date of Brinn       Grade         School Name       Last Name       First Name       M       Date of Brinn       Grade         Mainter School Name       Last Name       First Name       M       Date of Brinn       Grade         Mainter School Name       Last Name       First Name       M       Date of Brinn       Grade         Mainter School Name       Last Name       First Name       M       Date of Brinn       Grade         Mainter School Name       Last Name       First Name       M       Date of Brinn       Grade       Date of Brinn         Mainter School Name       Cast Namber:       Last Name       Date of Brinn	STEP 1 — All Children in the Household							Foster tomeless	Migrant Runau	Head Star
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Do any Non-Bard Manual Market State (1997) Setting and (1997) Setting	Note: Students enrolled in schools participating in t regardless of the completion or eligibility determinat	the Community Eligibility Provision (Cl tion of this application.	EP) will receive no cos	st meals						
programs. Calification, Calify DRPY. Circled one: Yet / No.       Case Number:         inty our answered No. 2 Complete STEP 3. If you answered Yes / In STEP 2.       Case Number:         Please need How To Apply for Free and Reduced Price School Meaks for more information. The "Sources of homers for Children" section will help you with the Child Income guestion. The "Sources of homers for Children" section will help you with the Child Income guestion. The "Sources of homers for Children" section will help you with the Child Income guestion. The "Sources of homers for Children" section will help you with the Child Income guestion. The "Sources of homers for Children" section will help you with the Child Income guestion.         Sometimes children in the household am or receive income. Please include the TOTAL income received by all household members lated, inport for all none for active throw the Orth or or leave any fields blank, you are cetting cornaring. That there is no income to receive income for adults only. If they do not receive income for adults only. If they do not receive income for adults only or leave any fields blank, you are cetting cornaring. That there is no income to regord the assistance.         Case Children and Acuits)       East Four Digits of Social Security Number (SSN) of Premary Wage Earner of Another Adult Household Member Name       W E T M         Total Household Size       Lest Four Digits of Social Security Number (SSN) of Premary Wage Earner of Another Adult Household Member Name       W E T M         Total Household Size       Lest Four Digits of Social Security Number (SSN) of Premary Wage Earner of active throw the adult of the adults on the context of the social for adult, weth the colleave for adult on the context of the adult	STEP 2 — Assistance Progra	ims								
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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 All Adult Household Members section.	If you answered NO > Complete STEP 3. I skip to STEP 4.	If you answered YES > <u>Write a</u>	case number then	Ca	ase Num	ber:				
the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.  Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly A. Sonetimes children in the household are or receive income. Please include the TOTAL income received by all household members  B. Latal Journehold members and liaded in Star 1 (including yourself) even if they do not receive income. For each household members listed, report total income for each eventee.  Adult Household Member Name First and Last  Mee T M  Public Assistance /  Public Assistance	STEP 3 — All Household Mer	mber Income (Skip this s	step if you answe	ered 'Yes' in ST	EP 2)					
Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly       Child income       We E T M         A. Sometimes children in the household sam or receive income. Please include the TOTAL income received by all household members       Image: Children and Set 1 here.       Image: Children and Set 1 here.       Image: Children and Set 1 here.         B. Lat all household members and lated in Set 1 (including yoursel) event they do not receive income. For each household members lated, report total income for each excert mixed of member lated, report total income for each excert mixed of member lated.       Image: Children and Set 1 here.       Image: Children and Aultis)								ection will	help you	with
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.								Child Income		
Listed in Step 1 here.          B: List all household members not listed in Step 1 (including yourself) even if hey do not receive income For aach household member listed, report total income for each source in whole dollars only. They do not receive income for any source, who 0: If you write 0' or leave any fields blank, you are certifying (promising) that here is no income to report.         Adult Household Member Name       Earnings from Work       W E T M       Public Assistance / W E T M       Promising / Retirement / All Other Income       W E T M         Adult Household Size       Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member       W E T M       W E T M         Total Household Size       Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member       *** + ** -       Check If no SSN         STEP 4 - Contact Information and Adult Signature       Primary Wage Earner or Another and the any totac of manuto in the apolication or mail to: Econing Is USO thild Number (SSN) of Primary Vage Earner or Another Adult Household Member       *** + ** -       Check If no SSN         PTEP 4 - Contact Information and Adult Signature       Primary Mage Earner or Another Adult Household Member       Street Adult on the apolication or mail to: Econing Is USO thild Number (SSN) of Primary USO Edult Interview										
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Please drop off this application at your school office or mail to: Encinitas USD Child Nutrition Department, 7885 Paseo Aliso, Carlsbad, CA 92009. <sup>1</sup> 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 verse that if 1 purposely give false information, my children may lose meal benefits, and i may be prosecuted under applicable State and Federal laws. <sup>4</sup> California <i>Education Code</i> Section 4957(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 overly identified by the use of special tokets, special averly gives, special averte entrances, separate entrances, separate entrances, separate entrances, separate entrances, separate dining areas, or by any other means. <sup>4</sup> Printed name of adult completing the form  Signature of adult completing the form  City  State ZIP Code  C A  Home Phone Number Work Phone Number  Race (check one or more):  Hispanic or Latino  Not Hispanic or Latino  Not Hispanic or Latino  Ation									if no SSN	ı 🗌
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