



**2021-2022 ESUHSD Application for Free and Reduced-Price Meals w/CalFresh Option** Complete one application per household. Mail the completed application to ESUHSD-CNS, 830 N. Capitol Av, San Jose CA 95133 Read the instructions included with the application on How to Apply. Print clearly with a pen. 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." Direct questions to Child Nutrition Services – 408 347 5191

**STEP 1—STUDENT INFORMATION**—Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. If there are more household members than the number of lines on the application, attach a second application.

Name _____	Grade _____
ID# _____	Sch _____
Birthdate _____	Male _____ Female _____

Print the name of ALL CHILDREN (First, Middle Initial, Last)	Enter School Name or Student ID Number (If Any)	Grade	Check the applicable box if the student is foster child, Homeless, Migrant, Runaway			
			Foster	Homeless	Migrant	Runaway

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**  
 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."

**REQUIRED—Signature of adult completing this form (must be listed in Step 3):**

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR** Do ANY household members (child or adult) currently participate in CalFresh, CalWORKS, or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3 and continue to STEP 4.	Select Program Type:	Enter Case Number (NOT EBT CARD NUMBER)
	<input type="checkbox"/> CALFRESH <input type="checkbox"/> CALWORKS <input type="checkbox"/> FDIPIR	

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before 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= Bi-Weekly, 2M= Twice a Month (every 15 days), M= Monthly, Y= Yearly

Total Student's Income	How Often
\$ _____	_____

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any source, 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 = Bi-Weekly, 2M = Twice a Month (every 15 days), M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members including yourself, not listed in Step 1 (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	How Often	Pensions Retirement/All Other Income	How Often

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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 origin  Not Hispanic or Latino

**Race (check one or more)**

African  Alaskan  American  Asian  American Native  Indian  Native Hawaiian  Pacific Islander  White

**C. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** \_\_\_\_\_ Check the box if NO SSN

**DO NOT COMPLETE – SCHOOL USE ONLY**

How Often? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Twice a Month \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12

Total Household Size: \_\_\_\_\_ Eligibility Status: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Categorical \_\_\_\_\_

Verified as: \_\_\_\_\_ Homeless \_\_\_\_\_ Migrant \_\_\_\_\_ Runaway \_\_\_\_\_ Error Prone \_\_\_\_\_

Determining Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS**

**Pursuant to California Education Code 49558(d)** Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, each family must complete an application and sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

Check this box if you are the parent or guardian of **every student** listed in STEP 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today's date below.

Print Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_