

Complete one application per household.

School Year 2020-21 Temple City Unified School District Application for Free and Reduced-Price Meals

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.TCUSD.net. This institution is an equal opportunity 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.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in 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 = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student 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 sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)	<input type="text"/>	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	<input type="text"/>	Check the box if NO SSN <input type="checkbox"/>
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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.

Signature of adult completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
<input type="text"/>	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

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):
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

2020-2021 学年天普市联合学区午餐减免申请表

请阅读填写说明, 清楚填写 (请勿用铅笔填写)。 www.TCUSD.net 该机构为平权提供者。

加利福尼亚《教育法》49557 (a) 章节: 上课日的任何时候都可以提交用餐减免申请。参加联邦国家校园午餐计划的儿童不会因为使用特殊代币、特殊票券、特殊供应队伍、单独入口、单独用餐区或任何其他方式, 在公共场合被认出。

第 1 步——学生资料

寄养的儿童和符合无家可归、移民或离家出走资格的儿童能够获得免费用餐。

打印 每个学生 的名字 (名, 中间名, 姓)	输入校名和年级		输入学生的出生日期	选中适用的方框, 如果学生是 寄养、无家可归、游民或离家出走。			
例子: Joseph P Adams	Lincoln Elementary (孩子就读学校请用英文填写)	1	12-15-2010	寄养	无家可归	游民	离家出走
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第 2 步——援助项目: 粮食券福利 (CalFresh)、失业工人资助 (CalWORKs) 或印第安保留区食物配给计划 (FDPIR)

是否有任何家庭成员目前已经参加粮食券福利计划、失业工人资助或印第安保留区食物配给计划? **如果无**, 请跳过第 2 步, 继续第 3 步。

如果有, 请勾选合适的计划框, 输入案件编号, 跳过第 3 步, 继续第 4 步。	选择项目: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	输入案件编号:
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第 3 步——填写所有家庭成员的收入 (如果在第 2 步中回答“有”, 请跳过该步骤)

A. 学生收入: 有时, 家庭里的学生也会赚取收入。输入第 1 步所列所有学生赚取的总收入 (扣除税前)。请在“频率”框中选择合适的支付周期: W =每周, 2W =每两周, 2M =每月两次, M =月, Y =年		学生总收入		频率		
		\$				
B. 所有其他家庭成员 (包括您自己): 列出所有未在第 1 步中列出的家庭成员, 即使他们没有收入。上报每位家庭成员的总收入 (扣除税前)。如果家庭成员没有任何收入来源, 写“0”。如果输入“0”, 或留空, 则是证明 (承诺) 没有收入需要上报。 请在“频率”框中选择合适的支付周期: W =每周, 2W =每两周, 2M =每月两次, M =月, Y =年						
打印 所有其他家庭成员 的名字 (姓和名)	劳动所得	频率	公共援助 / SSI / 子女抚养费/赡养费	频率	养老金/退休金/所有其他收入	频率
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
C. 家庭成员总人数 (儿童和成年人)			D. 从主要工资收入者或其他成年家庭成员的社保号 (SSN) 的最后四位数字			如果没有社保号, 选中该方框。 <input type="checkbox"/>

第 4 步——联系信息和成人签字

承诺: 我承诺表格内的所有信息都真实可信, 上报所有收入。我明白所提供的信息与发放联邦资金挂钩, 学校人员可能会查证这些信息。我知道, 如果我故意提供虚假信息, 我的孩子可能会失去用餐福利, 我可能会根据适用的州法律和联邦法律受到起诉。

申请表填写人签名:	
打印名:	
日期:	电话号码:
邮寄地址:	
城市:	州: 邮编:
E-mail:	

不要填写仅供学校使用 DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12		Total Household Income \$
Total Household Size <input type="text"/>	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied) Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Categorical <input type="checkbox"/> Error Prone
Determining Official's Signature:		Date:
Confirming Official's Signature:		Date:
Verifying Official's Signature:		Date:

可选——儿童的族群和种族

我们需要知道您孩子的族群和种族信息。此信息十分重要, 能够帮助确保我们全方位地为社区服务。该可选部分不会影响孩子用餐减免资格的审查。

族群 (二选一):

西班牙裔或拉丁裔 不是西班牙裔或拉丁裔

种族 (选中一个或多个):

印第安 / 阿拉斯加原住民 亚裔 黑人/非裔美国人
 夏威夷及其他太平洋岛屿原住民 白人