

SCHOOL USE ONLY
 DATE INITIALS ELIGIBILITY

APPLY ONLINE AT
 www.lunchapplication.com

NO, we DO NOT want to apply for meal benefits. (Check box, complete STEP 1, and go to STEP 4)

STEP 1 STUDENT INFORMATION - Print the ID#, birth date, name, and grade of EACH student who will attend Granada Hills Charter this year.

ID#	STUDENT'S BIRTH DATE	STUDENT'S FIRST NAME	STUDENT'S LAST NAME	GRADE	SCHOOL	Foster Child	Homeless, Migrant, Runaway
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	
	M M D D Y Y				GHC	F	

CHECK ALL THAT APPLY

STEP 2

Do any Household Members (including yourself) currently participate in one of the following assistance programs: CalFresh, CalWORKS or FDPIR?
 Yes No
 If you answered **NO**, Complete STEP 3.
 If you answered **YES**, Write the case number below

 Write only one case number in this space.
 If a case number is entered SKIP STEP 3 and go to STEP 4

STEP 3 Report Income for ALL Household Members and include all other non-GHC students

A. ALL OTHER HOUSEHOLD MEMBERS List all Household Members not listed in STEP 1 (including yourself, infants) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do 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. Report all income earned before taxes and deductions and mark the appropriate pay period. Pay periods: **W** = Weekly, **2W** = Every Two Weeks, **M** = Monthly, **2M** = Twice a Month.

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

B. STUDENT INCOME: Sometimes Students in the household earn income. Please include the TOTAL income earned by all Students listed in STEP 1 here.
 Pay period: W = Weekly, 2W = Every Two Weeks, M = Monthly, 2M = Twice a Month.

\$ W 2W M 2M

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X Check if NO SSN

OPTIONAL Children's Racial and Ethnic 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 Not Hispanic or Latino American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

STEP 4 Contact information and adult signature

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 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.
 "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."

M M D D Y Y SIGNATURE REQUIRED

TODAY'S DATE SIGNATURE OF ADULT COMPLETING THE FORM

PRINT your information in the boxes below

FIRST NAME of adult completing the form LAST NAME of adult completing the form

Street Address (if available) Apt#

City State Zip

E-mail Address

Daytime Telephone Number

HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

HOW TO FILL OUT THIS APPLICATION -PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD.

DO NOT USE PENCIL OR COLORED INK TO COMPLETE THE APPLICATION.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE STUDENTS UP TO AND INCLUDING GRADE 12. For each student, print their ID#, birthday, first name, last name and grade. Use one line of the application for each student. When printing names, write one letter in each box. Stop if you run out of space. If there are more students present than lines on the application, attach a second application with all required information for the additional students. If any students listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4. If you believe any student listed in this section may be Homeless, Migrant, or Runaway check the appropriate box and complete all steps of the application

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), The Food Distribution Program on Indian Reservations (FDPIR) or If anyone in your household participates in the assistance programs listed, your children are eligible for free school meals. Enter a current case number in the appropriate box.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) List all other household member's names and gross income. Do not list any household members you listed in STEP 1.
B) Report the combined gross income for ALL students listed in Step 1 in your household. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Report total household size. This number MUST be equal to the number of household members listed in STEP 1 and STEP3.

Provide the last four digits of your Social Security Number. If no adult household member has a Social Security Number, leave this space blank and check the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. All applications must be signed by an adult member of the household and included on the application. Fill in the current date, sign and provide your contact information.

Optional: Share children's racial and ethnic identities. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE: Write the name of the child. If the child receives personal-use income, list the amount of income. Personal-use income is (1) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (2) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. The foster parent or agency official must sign the application.

WIC PARTICIPANTS: If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infant, and Children – better known as the WIC Program, your child may be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

MILITARY HOUSING INCOME: If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

MEAL'S FOR DISABLED: If you believe your child needs a food substitute or texture modification because of a disability, please contact the cafeteria at (818) 363-7303. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meals.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for CalFresh, CalWORKs, or FDPIR.

DIRECT CERTIFICATION: This school participates in Direct Certification. If your household receives CalFresh or if your child(ren) receives CalWORKs, FDPIR benefits, or is a Foster Child, then 1) your child may be automatically certified to receive free meals. 2) If you did not receive a direct certification letter for your child who is in any of these programs, you must complete an application. If you do not receive notification, but think your child(ren) is/are eligible for free meals, please call the cafeteria at (818) 363-7303.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamps, CalWORKs, or FDPIR benefits, you may complete an application at that time.

CONFIDENTIALITY: Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

NON-DISCRIMINATION: Children who receive free or reduced priced meals must be treated in the same manner as those children who pay full price for their meals.

INFORMATION STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, you must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child; list a CalFresh, CalWORKs, FDPIR, or case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATION (FDPIR): Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program or the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

FAIR HEARING: If you do not agree with the decision regarding your application or the result of verification, you may discuss it with the cafeteria. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: Chief Business Officer, Granada Hills Charter, 10535 Zelzah Ave, Granada Hills, CA 91344, (818) 360-2361.

SUBMIT: Please complete the meal application and return it to the school.

The cafeteria will notify you by mail when your application is approved or denied.

INCOME TO REPORT

Earnings from Work	Salary, wages, cash bonuses, Net income from self-employment (farm or business), Strike benefits
Public Assistance/ Alimony/Child Support	Unemployment benets, Worker's compensation, Supplemental Security Income (SSI), Cash assistance from state or local government, Alimony payments, Child support payments, Veteran's benets
Pensions/Retirement/ All Other Income	Social Security (including railroad retirement and black lung benets), Private pensions or disability, Income from trusts or estates, Annuities, Investment income, Earned interest, Rental income, Regular cash payments from outside household

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for the free or reduced price meal program.
Effective July 1, 2023- June 30, 2024

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 45,991	\$ 3,883	\$ 1,917	\$ 1,769	\$ 885
4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,618
8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
For each additional family member add:	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_ing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact the USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

This institution is an equal opportunity provider.