**Encinitas Union School District**

**2026 - 2027 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

| School Name | Last Name | First Name | MI | Date of Birth | Grade | Foster | Homeless | Migrant | Runaway | Head Start |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ |

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

## STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWORKs, or FDPIR? **Circle one**: Yes / No

**If you answered NO** > Complete STEP 3. **If you answered YES** > Write a case number then skip to STEP 4.

**Case Number:**

## STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

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 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

| | Child Income | How Often? W | E | T | M |
|---|---|---|---|---|---|
| **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. | | W | E | T | M |

**B.** List all household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Adult Household Member Name (First and Last) | Earnings from Work | How Often? W | E | T | M | Public Assistance / Child Support / Alimony | How Often? W | E | T | M | Pensions / Retirement / All Other Income | How Often? W | E | T | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | W | E | T | M | | W | E | T | M | | W | E | T | M |
| | | W | E | T | M | | W | E | T | M | | W | E | T | M |
| | | W | E | T | M | | W | E | T | M | | W | E | T | M |

**Total Household Size** (Children and Adults)

**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

Please drop off this application at your school office or mail to: Encinitas USD Child Nutrition Department, 7885 Paseo Aliso, Carlsbad, CA 92009.

"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." **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."**

Printed name of adult completing the form

Signature of adult completing the form X

Today's Date M M D D Y Y

Street Address (if available)

City

State C A

ZIP Code

Home Phone Number

Work Phone Number

Email

## OPTIONAL — Children's Racial and Ethnic Identities

**Ethnicity (check one):**

☐ Hispanic or Latino

☐ Not Hispanic or Latino

**Race (check one or more):**

☐ American Indian or Alaskan Native ☐ Black or African American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

**Multiple income preferences must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provide by the household income.**

**If converting income to annual, round only the final number. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Household Size: _____ Categorical _____ Date Received: _____ Date Withdrawn: _____

Total Income: _____ Per ___ Week ___ Every 2 weeks ___ Monthly ___ Annually

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Reviewing Official's Signature: x_____ Date: _____

Confirming Official's Signature: x_____ Date: _____

Follow-up Official's Signature: x_____ Date: _____