SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT 2026-27 School Year Application for Free and Reduced-Price Meals

California Department of Education, June 2015

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, o by any other means. This institution is an equal opportunity provider.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

PLEASE PRINT AND USE PEN.
COMPLETE ONE APPLICATION PER HOUSEHOLD.
Children in **foster care** and children who meet the definition of **homeless**, **migrant,** or **runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Child's ID Number	Student? Yes	Student? No	Foster Child	Homeless, Migrant, Runaway, Head Start	School Name /Grade
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	
				☐	☐	☐	☐	

Check all that apply

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs: CalWORKS, CalFresh, or, FDPIR?

If NO > GO TO STEP 3 **If YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:**

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (REFER TO INSTRUCTIONS TO THE LEFT REGARDING INCOME) (Skip this step if you answered 'Yes' to STEP 2)

INCOME INSTRUCTIONS
A child's income is money received from outside your household that is paid directly to your child. Many households do not have any child income.
Adult income: If you are paid biweekly, please indicate the amount you make biweekly (not monthly). If you are paid 2x a month, indicate the amount earned twice a month (not monthly). Please indicate # of household members from Step 1 & 3.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Total Child income $ ____ How often? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

B. All Adult Household Members (including yourself) (Refer to instructions to the left regarding income)
List all household members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each household member listed, if they do receive income, report total gross income (before deductions) 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.

Name of Adult Household Members (First and Last)	Gross Earnings from Work	How often?	Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐
	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐	$	Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

Total Household Members (From STEP 1 and STEP 3) ____

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household X X X X X ____ **Check box if no SSN** ☐

STEP 4 Contact Information and Adult Signature-Mail this application to SMMUSD-Food & Nutrition Services-1717 Fourth St., Santa Monica, CA 90401

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."

Street Address	Apt #	City	State	Zip	Daytime Phone and/or E-mail (optional)	Printed Name of Adult Completing this Form	Signature of Adult Completing this Form	Today's Date

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 | **Race (check one or more):** ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Total Household Members (From STEP 1 and STEP 3) ____

Total Household Income $ ____ How often? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

Annual Income Conversion
Weekly x52 | Bi-Weekly x26 | Twice Per Month x24 | Monthly x12

Approved as: **Application #**_____
- ☐ Free
- ☐ Free-CalFresh/CalWorks/SNAP/TANF/FDPIR
- ☐ Reduced-Price
- ☐ Denied - Income to High/Application Incomplete

Verified as:
- ☐ Homeless ☐ Head Start
- ☐ Migrant ☐ Kin-GAP
- ☐ Runaway ☐ Zero Inc.

☐ Incomplete
☐ Error Prone

Determining Official	Date	Confirming Official	Date	Verifying Official	Date