



3195 Woodside Road Woodside, CA 94062
Office: 650.851.1571 Fax: 650.851.5577

Dear Parents,

If you are interested in participating in the National School Lunch Program, you will need to complete and submit the attached application. Please return to the office the first day of school to ensure your participation. If you have any questions please contact Liza Lazzari at 650-851-1571 ext: 4030.

Your eligibility determination will not be immediate. Nutrition Services may take up to 10 days to process your request, once we receive all the necessary information. You are responsible for your child's full price lunch until your request is processed or otherwise revised.

If your child(ren) received free or reduced-price lunches, during the 2021-2022 school year your children will be eligible to receive meals at the same price for the first 30 days of operation of the new 2022-2023 school year. If you participated during 20221-2022 you will have to fill out a new application, before October 1, 2022 to be eligible in the new school year 2022-2023.

Sincerely,

-Woodside School District

In accordance with Federal Law and the US Department of Agriculture, it is an institution that prohibits discrimination on the basis of race, color, national origin, sex, age, or disability

To file a complaint of discrimination, write to:

USDA, Director, Office of Civil Rights
1400 Independence Avenue, SW
Washington, DC 2050-9410

Or call 866-632-9992 (phone). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.

School Year 2022-2023 Woodside School District Application for Free and Reduced-Price Meals Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at 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. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

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="checkbox"/>	<input type="checkbox"/>	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	<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