PLEASE fill out this form

(or online @ myschoolapps North County Joint Union Elementary)

if your income is AT or BELOW the amount shown in the chart below.

Household Sizes	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$ 27,861	$ 2,322	$ 1,161	$ 1,072	$ 536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add:					
	$ 9953	$ 830	$ 415	$ 383	$ 192

WHY? Our school RELIES on this data for the FUNDING of:

Title One Funds

LCAP (Local Control Accountability Plan)

- After school intervention
- After school tutoring
- Math Coach
- English Language Development Teacher
- Intervention Aides
- Enrichment Classes
- Curriculum
- Technology
- And more!

Please fill out and return to the school office by August 13th.

ALL INFORMATION IS KEPT CONFIDENTIAL

School Year 2024-2025 North County JUSD/Spring Grove 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 **myschoolapps.com**. 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
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? **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:** ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**	**Enter Case Number:**

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) _____

D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member _____ **Check the box if NO SSN** ☐

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? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Income: $ _____

Total Household Size _____

Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied) ☐ Categorical

Verified as: ☐ Homeless ☐ Migrant ☐ Runaway ☐ 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):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White