SENECA FAMILY OF AGENCIES - MAYA ANGELOU ACADEMY FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2021-2022 SCHOOL YEAR

PART 1 . LIST ALL HOUSEHOLD MEMBERS WHO ARE <u>INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12</u> (IF MORE SPACES ARE REQUIRED FOR ADDITIONAL NAMES, ATTACH ANOTHER SHEET OF PAPER)					
Child's Name (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if is not in school		migrant or runaway		
PART 2. BENEFITS	1	I			
DOES ANY HOUSEHOLD MEMBER (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS:					
□ CalFresh	CalWORKs	□ FDPIR			
IF YES, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5 . IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3 .					
NAME:	NAME: CASE NUMBER:				
PART 3. REPORT INCOME FOR ALL CHILDREN					
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household members listed in PART 1 here. Report total income for all children in the household 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.					
TOTAL CHILD INCOME: \$ HOW OFTEN?(CIRCLE ONE): WEEKLY/ EVERY 2 WEEKS/ 2X MONTH/ MONTHLY					
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.					
List all ADULT household members (including yourself) 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.					
1. NAME	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
	Earnings From Work before deductions	Public Assistance/ Child Support/Alimony	Pensions/ Retirement/All Other Income		
(Example) Jane Smith	\$ <u>199/weekly</u>	\$ <u>149/every other week</u>	\$ <u>50/monthly</u>		
	\$/	\$/	\$/		
	\$/	\$/	\$		
	\$/	\$	\$/		
	\$ /	\$ /	\$ /		
	\$/	\$	\$/		
	\$	\$	\$		

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
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An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or					
her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)					
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.					
Sign here:		Print name:			
Date:					
Address:		Phone Number:			
City:		State:	Zip Code:		
Last four digits of Social Security Number: xxx - xx 🔲 🗖 I do not have a Social Security Number					
PART 6. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)					
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):	Race (check one or more)	:			
🖵 Hispanic/Latino	American Indian or Ala	ska Native	AsianBlack or African American		
Not Hispanic/Latino	□ Native Hawaiian or other Pacific Islander □ White				
If you are mailing this form in, please mail it to Maya Angelou Academy at 3695 High St, Oakland CA 94619					
DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12					
Total Income: Per: 🗅 Week, 🗅 Every 2 Weeks, 🗅 Twice A Month, 🗅 Month, 🗅 Year 🛛 Household size:					
Approved as eligible for: DFree DReduced-Price Denied (Paid)					
Reason:					
Verified as: Homeless Migrant	□Runaway □He	ead Start	□Incomplete □Error-Prone		
Determining Official's Signature: Date: Date:					
Confirming Official's Signature: Date:					
Verifying Official's Signature:Date:Date:					

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). 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."

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."